OFFICAL MINUTES Marion County Board of Education Regular Session Monday, November 21, 2022

CENTRAL OFFICE

6:00 pm

The meeting was held in the Central Office Conference Room and streamed on our Facebook page: Marion County Schools WV.

Rev. Dobbs, Morningstar Baptist Church gave the invocation and Tim Layne, Maintenance led the Pledge of Allegiance.

The Marion County Board of Education met in a Regular Session on Monday, November 21, 2022 at 6:00 pm.

President Mrs. Costello called the meeting to order at 6:04 pm

MEMBERS PRESENT: Mr. Boyles, Mrs. Costello, Mr. Dragich, Mr. Pellegrin, Rev. Saunders and Superintendent Dr. Hage

18-1000 INFORMATION - RECOGNITIONS - RECOMMENDATIONS - REPORTS

- 1) EFHS 4th and 5th Place State Cross Country Recognitions Dr. Westfall
- 2) EFMS STEM Group 1st & 2nd Place Charleston Pumpkin Drop
- 3) EFMS Cross Country Team County Champs
- 4) EFMS Girls Soccer Team 2nd place
- 5) EFMS Track Recognitions from 2022 Girls track were Champ and Boys Track was runner ups.
- 6) NMHS All State Cross Country 10th Place overall
- 7) Dr. Westfall Build the Stadium Project at EFHS
- 8) Mrs. Debra Conover, EFMS Principal Presentation on Student Achievement and Other Student Factors, Data, and Programs
- 9) Delegations
 - a) N/A

NEW BUSINESS

Mr. Pellegrin made a motion, seconded by Mr. Boyles to approve the following:

18-2000 MINUTES - AGREEMENTS - CONTRACTS

2234 MINUTES

The approval of the Official Minutes for the meeting for a Regular Meeting on November 7, 2022.

15-224

2235 USE OF FACILITIES - MANNINGTON - DAWGS BASKETBALL

The approval of the Use of Facilities form with the Dawgs Basketball to use the gymnasium at Mannington Middle from November, 2022 through June, 2023.

2236 THRASHER - NMHS - HVAC RENOVATION PROJECT

The approval of the invoice from Thrasher for the HVAC Renovation project at NMHS, in the amount of \$16,672.50.

FUNDING: Round 3 2024

2237 BOWLES RICE - INVOICE

The approval of the invoice from Bowles Rice, in the amount of \$15,904.07. FUNDING: County

2238 <u>FIELD TRIP - OVERNIGHT - OUT-OF-STATE - COUNTY BUSES - AIRLINES</u>

The approval of the following:

WFMS – Science Honorary, requested permission to use a county bus to travel to Pittsburgh International Airport and use Southwest Airlines to travel to Orlando, FL, May 9-12, 2023, for a Science & Technology/Physics of Disney Parks.

Approximate number of students: 42

Chaperone(s): Susan Conley, Aimee Williams, AJ Field, Danielle Leiving, Michelle

Betler, & Kevin Egidi

Approximate Cost: \$1416 per person Source of funds: Students/Fundraising

Number of school days lost: 4

2239 <u>FIELD TRIP – COMMERCIAL CARRIER – OUT-OF-STATE</u>

The approval of the following:

<u>Barrackville – Builders Club/Honor Society</u>, requested permission to use Commercial Carrier TA Nelson to travel to The Smithsonian, Washington, DC, April 6-7, 2023.

Approximate number of students: 55

Chaperone(s): Bethany Sturm, Karla Rundle, Vicki Bombard, Rachel Woody,

Alyson Perry

Approximate Cost: \$3,100.00 Source of funds: Builders Club Number of school days lost: 0

2240 FIELD TRIP - OVERNIGHT - PRIVATE AUTO

The approval of the following:

EFHS – Girls Basketball, requested permission to use private auto to travel to Charleston Catholic HS, Charleston, WV, and WV State University December 18-17, 2022, for Basketball Games.

Approximate number of students: 25

Chaperone(s): James Beckman, John Bowman, Genie Reesman

Approximate Cost: \$1,500 Source of funds: Boosters Number of school days lost: 1/2

2241 FIELD TRIP - OVERNIGHT - PRIVATE AUTO

The approval of the following:

EFMS – Cheer, requested permission to use private auto to travel to Charleston, WV, December 2-3, 2022, for cheer camp at Nitro High School.

Approximate number of students: 18

Chaperone(s): Leslie Van Zant, Maggie Conaway, Stormie Fluharty, Kayla Smith, Carley Halpenny, Amanda Kay, Coach Kim Moran, Serena Owens,

Jordane Hill, Jennifer Willett Approximate Cost: \$500 Source of funds: Boosters

Number of school days lost: 1/2

2242 FIELD TRIP - COMMERCIAL CARRIER - COMMERCIAL CARRIER

The approval of the following:

FSHS - Football, requested permission to use Commercial Carrier Central Cab to travel to Independence HS, Coal City, WV, November 18-19, 2022, for the Playoff Game.

Approximate number of students: 50

Chaperone(s): Nick Bartic and Mark Sampson

Approximate Cost: \$2000 Source of funds: Boosters Number of school days lost: ½

2243 FIELD TRIP - OVERNIGHT - COMMERCIAL CARRIER

The approval of the following:

<u>FSHS – Boys Basketball</u>, requested permission to use Commercial Carrier T.S. Nelson to travel to Charleston, WV, March 15-18, 2023, for the State Tournament.

Approximate number of students: 20

Chaperone(s): David Retton Approximate Cost: \$2,500

Source of funds: Boys Basketball Number of school days lost: 1

2244 FIELD TRIP - OVERNIGHT - COUNTY BUS

The approval of the following:

FSHS – **Boys Basketball**, requested permission to use a county bus to travel to Winfield HS & Charleston Catholic, Charleston, WV, February 24-25, 2023, for the Basketball Games.

Approximate number of students: 24

Chaperone(s): David Retton & Jason Morris

Approximate Cost: \$400.00 Source of funds: Boys Basketball Number of school days lost: ½

2245 FIELD TRIP - OVERNIGHT - COUNTY BUS

The approval of the following:

<u>FSHS – Boys Basketball</u>, requested permission to use a county bus to travel to Shady Springs HS, Shady Springs, WV, January 27-28, 2023, for basketball games.

Approximate number of students: 24

Chaperone(s): David Retton & Jason Morris

Approximate Cost: \$400

Source of funds: Boys Basketball Number of school days lost: 0

2246 FIELD TRIP - PRIVATE AUTO - OVER NIGHT

The approval of the following:

EFHS Cheer, requested permission to use a private auto to travel to Huntington, WV, December 9-11, 2022 for the State Cheer Competition.

Approximate number of students:14

Chaperone(s): Karen Beckman, Kathleen Lantz, Stephanie Messinger, Mckinley Messinger, McKinleyu Ashcraft, Rhonda Edge, Brian Edge, Robert Musgrove, Amdna Musgrove, Becky Griffith, Belinda Blauvelt, Lisa Parilak, Jeff Mayer, Bobbie Mayer, Brooke Plum, Kristy Currey, Renee Wisenbaler, Mallory Haddix,

Angela Alkire, Alisha Holbrooke Approximate Cost: \$1,000.00 Source of funds: Boosters Number of school days lost: 1

YEAS: Boyles, Costello, Dragich, Pellegrin, Saunders NAYS: 0

Mr. Saunders made a motion, seconded by Mr. Boyles to approve the following except for 3017, which did not require a vote and was discussed in executive session after the 7000 series:

18-3000 FINANCIAL

3015 Vendor List dated November 16, 2022 are viewable in the attachments on the Marionboe.com website.

3016 Treasurers Report dated November 16, 2022 are viewable in the 19-2247 attachments on the Marionboe.com website.

3017 East Dale Project – Financial Update

YEAS: Boyles, Costello, Dragich, Pellegrin, Saunders NAYS: 0

Mr. Dragich made a motion, seconded by Mr. Pellegrin to approve the following: EXCEPT FOR ITEMS, 4241, 4242, 4243 & 4244, which must be voted on separately after the 7000 series.

18-4000 PERSONNEL

4224 EMPLOYMENT - PAID COACHES

The approval of the following coaching positions effective for the 2022-23 season pending WV certification and CIB verification if needed:

Barrackville Elementary/Middle

C22 09 26 23

Luke Campbell Boys' Basketball/ 7th Grade

SSAC

4225 RESIGNATION - COACHES

The approval of the following coaching resignations:

East Fairmont Middle School

Tyisa Stewart

Softball/Volunteer

Effective: November 15, 2022

4226 EMPLOYMENT – SPORTS WORKERS FOR SCHOOL ACTIVITIES

The approval of the following effective for the 2022-23 School Year.

Monongah Middle School C22 11 07 01

Winter Sports Concession Worker

Anna McKenzie

4227 RETIREMENT - PROFESSIONAL PERSONNEL

The approval of the professional retirements as follows:

Shawna Magaha Library/Media

Fairview Elementary School

200 Days

Effective:

June 30, 2023

4228 RESIGNATIONS - PROFESSIONAL PERSONNEL

The approval of the professional resignations as follows:

Victoria Strader Multi Cat W/Autism

White Hall Elementary School

200 Days

Effective:

Pending Replacement

Colleen Usary

Multi Cat W/Autism

Rivesville Elementary/Middle School

200 Days

Effective: January 11, 2023

Kelly Vallango

School Psychologist

Central Office

230 Days

Effective: January 13, 2023

Richard Wade

Biology

North Marion High School

200 Days

Effective: February 9, 2023

4229 LEAVE OF ABSENCE - PROFESSIONAL PERSONNEL

The approval of the following:

Brenda Cress

Teacher

North Marion High School

Request a leave of absence on November 1, 2022, November

2, 2022, and November 7, 2022.

Brenda Cress

Teacher

North Marion High School

Request a leave of absence AS NEEDED from November 10,

2022 to June 30, 2023.

Tiffany DeVaul

Teacher

Blackshere Elementary School

Request a leave of absence from <u>December 5, 2022</u> to

February 6, 2023.

Michael Leshko

Teacher

East Fairmont Middle School

Request a leave of absence from October 17, 2022 to

November 17, 2022.

Salina Sherry

Teacher

East Fairmont Middle School

Request a leave of absence from November 17, 2022 to

January 3, 2023.

4230 EMPLOYMENT - PROFESSIONAL PERSONNEL-MATH AND READING <u>INTERVENTIONIST-CARES ACT ROUND 3</u>

The approval of the following:

Barrackville Elementary/Middle

P22 11 03 01

Kayla Fogle

Math Interventionist

Barrackville Elementary/Middle

maximum of 150 contact hours during the school day

\$30/hour

Effective: November 28, 2022

4231 EMPLOYMENT - SUBSTITUTE TEACHERS

The approval of the following pending WV certification and CIB verification:

Kelsey Goetze

Sub Permit-Pending

Erica Lawrence

Student Teacher Permit

Kristie McDonald

Professional

Administrator Only

Effective: December 6, 2022

19-2247

Holly Netz

Sub Permit-Pending

4232 RESIGNATIONS - SERVICE PERSONNEL

The approval of the service personnel resignations as follows:

Vincent McCray Bus Operator #52

Transportation Dept.

200 Days

5:45 am-8:20 am 2:00 pm-4:35 pm

Effective: November 15, 2022

4233 LEAVE OF ABSENCE - SERVICE PERSONNEL

The approval of the following:

Michael Turner

Bus Operator

Transportation Dept.

Request a leave of absence from November 14, 2022 to

February 22, 2023.

Lana Wilson

Cook-Half Time

Fairmont Senior High School

Request a leave of absence from November 8, 2022 to

February 25, 2023.

4234 EMPLOYMENT - SERVICE PERSONNEL

The approval of the following:

S22 11 09 04

Kacie Cunningham Custodian I/II

Meadowdale/Barrackville

210 Days

3:00 pm-10:30 pm

Effective: November 28, 2022

S22 11 09 02

April Darrah

_Cook I/II-Half Time

North Marion High School

200 Days

9:00 am-12:30 pm

Effective: November 28, 2022

S22 11 07 01

Beverly Sanson LPN/Aide-Itinerant

Transportation Dept.

200 Days

6:10 am-8:15 am 2:00 pm-4:30 pm

Effective: December 7, 2022

4235 REASSIGNMENT - SERVICE PERSONNEL

The approval of the following:

From:

To:

S22 11 09 03

Kristal Efaw

Custodian I/II

West Fairmont Middle

210 Days

3:00 pm-10:30 pm

Custodian I/II

Mannington Middle

210 Days

3:00 pm-10:30 pm

Effective: November 28, 2022

S22 11 09 06

Julie Mcelroy

Cook I/II-Half Time

East Fairmont High

200 Days

9:30 am-1:00 pm

Autism Mentor-Itinerant East Fairmont Middle

200 Days

7:20 am-1:20 pm

Effective: November 28, 2022

S22 11 09 01

Aide-Itinerant

ECCAT Pre-K

Shona Shears

West Fairmont Middle East Dale Elementary

200 Days

200 Days

7:30 am-1:30 pm

8:00 am-3:30 pm

Effective: November 28, 2022

S22 10 31 01

Timothy Wilson

Bus Operator #85

Bus Operator #44

Transportation Dept.

Transportation Dept.

200 Days

200 Days

5:55 am-8:20 am

6:10 am-8:15 am 2:00 pm-4:30 pm

1:45 pm-4:15 pm

Effective: November 28, 2022

4236 RESIGNATIONS - SUBSTITUTE SERVICE PERSONNEL

The approval of the substitute service personnel resignations as follows:

John David Jones II

Substitute Bus Operator

Effective:

November 25, 2022

4237 EMPLOYMENT - SUBSTITUTE SERVICE PERSONNEL

The approval of the following as substitute service personnel pending completion of training and CIB results:

Substitute Aide

Dorothy Kathy DeMary

Emergency Only

Substitute Custodian S22 10 24 01

Kenneth Daniel

Substitute Custodian S22 10 24 01

Rebecca Deusenberry

Substitute Custodian

S22 10 24 01

Robert Hillberry Jr.

Substitute Custodian

S22 10 24 01

Madonna Stevens

Substitute Aide

Rita Uveges

Emergency Only

4238 EMPLOYMENT – EXTRA CURRICULAR CONTRACTS

The approval of the following extra-curricular contracts for the FIRST SEMESTER OF THE 2022-23 SY.

West Fairmont Middle

NameDutyHoursCornwell, SaraPM Bus Duty25Hoskinson, SeanPM Bus Duty45

4239 <u>EMPLOYMENT - PROFESSIONAL PERSONNEL-CTR (CLINICAL TEACHER</u> OF RECORD)

The following employment(s) are endorsed by the Superintendent, the School Principal, and Faculty Senate Designee(s):

P22 10 20 01

Charlotte Wood PE/Health-CTR

West Fairmont Middle School

200 Days

Effective: Pending certification

4240 EMPLOYMENT - PROFESSIONAL PERSONNEL

The following employment(s) are endorsed by the Superintendent, the School Principal, and Faculty Senate Designee(s):

P22 10 28 01

Yvette Hunt

Multi Cat

West Fairmont Middle School

200 Days

Effective: Pending release from Taylor County

YEAS: Boyles, Costello, Dragich, Pellegrin, Saunders NAYS: 0

18-5000 DISCUSSION - NEW POLICIES, REVISIONS & DELETIONS

First Review - 11-7-22

Second Review - 11-17-22

Third Reading - 12-5-22

5019-REVISION - PO5330 - GUIDANCE AND COUNSELOR

5020-NEW - P05331 - ADMINISTRATION OF OPIOD ANTAGONISTS

18-6000 SUPERINTENDENT'S REPORT

Student Achievement - Middle School/High School Summit

Dessert Competition

Culinary and Aviation Program

Semester Testing

Technology -

Rank One

Toy Shop

Transportation

Facilities

Rivesville Boiler - Adjusted

NMHS- HVAC Project

Maintenance

Dec 5th - Sheriff Riffle - Safe Schools Update

Students shadowing Maintenance

Department

18-7000 MATTERS FROM THE BOARD

Mr. Dragich, made a motion, seconded by Mr. Pellegrin to approve the following:

7010 STUDENT EXPULSION

The approval of a student to be expelled for one school year for violation of the Safe Schools Act.

YEAS: Boyles, Costello, Dragich, Pellegrin, Saunders

NAYS: 0

Mr. Pellegrin, made a motion, seconded by Mr. Boyles to approve the following:

7011 STUDENT EXPULSION

The approval of a student to be expelled for one school year for violation of the Safe Schools Act.

YEAS: Boyles, Costello, *Dragich, Pellegrin, Saunders*

NAYS: 0

Mr. Saunders made a motion, seconded by Mr. Boyles to approve the following:

7020 STUDENT EXPULSION

The approval of a student to be expelled for one school year for violation of the Safe Schools Act.

YEAS: Boyles, Costello, Dragich, Pellegrin, Saunders

NAYS: 0

Mr. Dragich, made a motion, seconded by Mr. Pellegrin to approve the following:

7021 STUDENT EXPULSION

The approval of a student to be expelled for one school year for violation of the Safe Schools Act.

YEAS: Boyles, Costello, Dragich, Pellegrin, Saunders

NAYS: 0

18-112122 A S S 🕃 🗗 Mr. Boyles, made a motion, seconded by Mr. Saunders to approve the following: **7022 STUDENT EXPULSION** The approval of a student to be expelled for one school year for violation of the Safe Schools Act. NAYS: 0 YEAS: Boyles, Costello, Dragich, Pellegrin, Saunders Mr. Dragich, made a motion, seconded by Mr. Pellegrin to approve the following: **7023 STUDENT EXPULSION** The approval of a student to be expelled for one school year for violation of the Safe Schools Act. YEAS: Boyles, Costello, Dragich, Pellegrin, Saunders NAYS: 0 Mr. Pellegrin made a motion, seconded by Mr. Boyles to discuss items 3127, 4241, 4242, 4243, & 4244 at 7:15 pm **YEAS:** Boyles, Costello, Dragich, Pellegrin, Saunders NAYS: 0 Mr. Pellegrin made a motion, seconded by Mr. Boyles to return to regular session at 8:17 pm YEAS: Boyles, Costello, Dragich, Pellegrin, Saunders NAYS: 0

	The Superintendent pulled item 4241.
PULLED	RECOMMENDATION: MOTIONYEAS:NAYS:
<u> </u>	-Time:
4241	SUSPENSIONS - PROFESSIONAL
	The Superintendent recommends approval of, be
	suspended for 30 school days and to be served on November 15, 2022-January
	6, 2023 for Violation of the Employee Code of Conduct.
	The Superintendent pulled item 4242.
PULLED	RECOMMENDATION: MOTION YEAS:NAYS:
	Time:
4242	SUSPENSIONS -PROFESSIONAL
	The Superintendent recommends approval of,, be
	suspended for 30 school days and to be served on November 4, 2022-January
l .	3, 2023 for Exposing students to sexually explicit material.

18-112122

Mr. Pellegrin made a motion, seconded by Mr. Saunders to approve the following:

4243 SUSPENSIONS - SERVICE

The approval of Melissa Harr, Cafeteria Manager, be suspended for 1 school day and to be served on November 2, 2022 for

Failure to report to work on time.

YEAS: Boyles, Costello, Dragich, Pellegrin, Saunders NAYS: 0

Mr. Pellegrin made a motion, seconded by Mr. Boyles to approve the following:

4244 COACH - TERMINATION

The approval of Walter Miller, Boys Basketball 7th Grade Coach to be terminated for failure to complete paperwork.

YEAS: Boyles, Costello, Dragich, Pellegrin, Saunders

NAYS: 0

Mr. Boyles -	Thank you! Levy Committee
	Security Assessment/Action
Mr. Dragich -	Congratulations to the Football teams getting into the playoffs.
	Fine arts – Veterans Day Parade
	Drama Department – Basket Bingo
Mr. Pellegrin -	Happy about recognitions
	Parental Responsibility/Expulsions
Mr. Saunders -	Happy with the work of the Maintenance Dept
	Summit meetings
	Cleanliness of schools
	Vaping issues
	Shout out to the Christmas Toy Shop
	Happy Thanksgiving
	Levy Committee
Mrs. Costello -	Football Teams made Marion County Proud
	· · · · · · · · · · · · · · · · · · ·

18-8000 LEGAL UPDATE N/A

18-9000 FUTURE MEETINGS

DATE		PURPOSE	TIME	PLACE
Dec 5	Mon	Regular Session	6:00 pm	Central Office
Dec 14	Wed	Special Session	10:00 am	Central Office
Dec 19	Mon	Regular Session	6:00 pm	Central Office
Jan 3	Tue	Regular Session	6:00 pm	Central Office
Jan 17	Tue	Regular Session	6:00 pm	Central Office

8-112125 3 - 8 1

ADJOURNED

Mr. Pellegrin made a motion, seconded by Mr. Boyles to adjourn at 8:27 pm. **YEAS**: Boyles, Costello, Dragich, Pellegrin, Saunders **NAYS: 0**

Mrs. Donna Costello, President

Dr. Donna Hage, Superintendent/Secretary

Robin Haught, Executive Secretary



C. 2/20/2022

MARION COUNTY BOARD OF EDUCATION

1516 MARY LOU RETTON DRIVE FAIRMONT, WV 26554

MR. CHAD A. NORMAN
ADMINISTRATIVE ASSISTANT
TECHNOLOGY, TRANSPORTATION, & CHILD NUTRITION

Work Phone: (304)367,2103 Fax: (304) 368.0589

November 28, 2022

Ms. Haught,

Please place the following item on the Marion County Board of Education Agenda for board approval as a request from the Technology Department. Thank you.

If approved this will be the final stage of the ROC Watch project and allow Marion County Schools to continue with the installation of the ROC Watch - Scalable, Intelligent video alerting solution.

- 1) Funding: Marion County Schools Technology Department
- 2) **Product**: (23) Cisco Meraki MV22 Gen II Network Surveillance Camera and (23) 5-year Enterprise and Support Subscription
- 3) Amount: \$25,139.80
- 4) **Note:** Marion County Schools purchase of the new Meraki Camera's in the amount of \$25,139.00 will be deducted from the total cost of the ROC Watch Project. Marion County Schools will pay for the installation of the 23 new cameras.
- 5) Additional Bids: Alpha Technologies currently has an extensive footprint in Marion County Schools with the previous 859 Meraki Security Cameras. This new purchase must interface with our current Meraki Dashboard System and allow management through the Meraki Console.



We have prepared a quote for you



Meraki MV Camera Refresh

Quote #1006113

Valsion 1



304-201-7485

www.alpha-tech.us



Phone: 304-201-7485

Email: jstewart@alpha-tech.us

Web: www.alpha-tech.us

Hardware

Description		Price	Qty	Ext. Price
MV22X-HW	Cisco Meraki MV22 - Network surveillance camera - dome - indoor - color (Day&Night) - 4 MP - 2688 x 1520 - 1080p - varifocal - audio - wireless - Wi-Fi - GbE - H.264 - PoE	\$726.00	23	\$16,698.00
LIC-MV-5YR	Meraki Enterprise + 5 Years Enterprise Support - Subscription License - 1 Camera - 5 Year - Meraki MV Series Security Camera - License - 5 Year License Validation Period	\$367.00	23	\$8,441.00
		Sı	ibtotal:	\$25,139.00

Quote ID: 1006113





Phone: 304-201-7485 Email: jstewart@alpha-tech.us

Web: www.alpha-tech.us

Meraki MV Camera Refresh

Prepared by:

Alpha Technologies, Inc.

James Stewart 304-201-7485

jstewart@alpha-tech.us

Prepared for:

Marion County Schools

1516 Mary Lou Retton Drive Fairmont, WV 26554

Chad Norman 13046571224

cnorman@k12.wv.us

Quote Information:

Quote #: 1006113

Version: 1

Delivery Date: 11/22/2022 Expiration Date: 12/03/2022

Quote Summary

Description	Amount
Hardware	\$25,139.00
	Total: \$25,139.00

Alpha Technologies, Inc.

Signature: James Stewart

Title: Infrastructure Sales Engineer

Date: 11/22/2022

Marion County Schools

Signature:		
Name:	Chad Norman	
Date:		

Marion County Schools – BOOSTER INFO / 2022-2023

School Barrackulle
Booster Group
Aligning County Booster Organizations with WV State Accounting Procedures
 All booster groups must follow the "Accounting Procedures Manual For The Public Schools In The State Of West Virginia". All booster groups must have approved by-laws with a president, vice president, secretary, and treasurer. All booster groups must have voted on and approved officers. The date of the election of officers is to be submitted to the school principal. All booster fundraisers must be approved and placed on the school fundraiser calendar. All booster groups must have their own one million dollar liability insurance policy. Documentation of liability insurance policy must be submitted to school principal. Booster organizations may elect to deposit monies in the school account with a separate title. If money is in school account with FEIN number they do not need liability insurance. Elimination dinner money cannot be deposited into school account. Booster groups must provide financial records at the end of the year to principal. 1) Name of booster Group: Propulse A COPY OF THE IRS FEIN VERIFICATION FORM): 82 2162092
3) Booster Group by-laws submitted by August 1 st of each year: (UPDATED) Date received 9-202/
4) Date of the election of booster officers:5-18-22
5) Name of booster President: Leigha Royce Phone # <u>U81-404-9371</u>
6) Name of booster Vice President: Saia Carpenter Phone # 304-612 - 4730
7) Name of booster Secretary: Julie McCartney Phone # 304-694-1826
8) Name of booster Treasurer: BANANYSYDDA Phone #304 US5 2435
9) Booster fundraisers listed on school fundraiser calendar in the main office:
Social Media CAITLIN SIMPKINS 321-888-0173

10) Proof of booster Liability Insurance to principal (<i>Must include Marion County Schools as an additional insured</i>): Date submitted: 9 - 2021
11) Submit annual financial statement for year ending June 30, 2022 of the school support organization with this application: Date submitted: 5-19-22
12) Attach a copy of the Booster Annual Financial report/year ending bank statement as of June 30, 2022
13) Financial records submitted to the principal at the conclusion of the season:
14) Principal is to receive 2 copies of the annual financial statements by each school support organization:
15) An inventory of all uniforms, equipment, and other team merchandise has been submitted to the school principal.
16) All items provided to athletes and coaches to be returned at the end of the year.
Signatures
Principal Jichi Bourbard
(Submit to Superintendent prior to July 15)
Superintendent
(To be approved by Board first meeting in July)

FILE WITH TREASURER OF MARION COUNTY BOARD OF EDUCATION.

ANNUAL FINANCIAL REPORT 2021-2022	
SCHOOL Barrackville Elementary/ Middle	e
Booster Group Bauackville PTO	Ī

Reconciled Beginning Balance as of July 1, 2021 **Total Annual Income Total Annual Expenses** Reconciled Ending Balance as of June 30, 2022

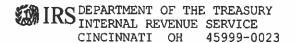
Booster President Signature AUMAVALL Date 9/4/22

Booster Treasurer Signature Bull Date 8/31/22



CERTIFICATE OF LIABILITY INSURANCE

ACORD 25 (2001/99) THIS GERT/FICATION IS ISSUED AS A MATTER OF INFORMATION FOR A CONTROL OF THE CHITCH CATE OF THE CONCERN OR ROTHER UPON THE CERTIFICATE ONLY AND CONCERN OR ROTHER UPON THE CERTIFICATE ALTER THE COVERAGE AFFORDING COVERAGE NAME OF POLICY AND COVERAGE AFFORDING COVERAGE NAME OF THE COVERAGE AFFORDING COVERAGE NAME OF THE COVERAGE AFFORDING COVERAGE THE POLICY PRINCIPANE LISTED BELOW AND SECRET INSURED TO THE NAME OF THE POLICY PRINCIPANE COVERAGE AFFORDING COVERAGE AFFOR							11/02/2022		
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BARRACKVILLE PTO PO BOX 150 BARRACKVILLE, WV 28559 COVERAGES THE POLICES OF RESPRANCE LISTED BELOW HAVE SEEN ISSUEST TO THE MISSUES OF THE POLICY PERIOD INDICATED NOTWITHST AND INC. MISSUES OF RESPRANCE LISTED BELOW HAVE SEEN ISSUES TO THE MISSUES OF THE POLICY PERIOD INDICATED NOTWITHST AND INC. MISSUES OF RESPRANCE LISTED BELOW HAVE SEEN ISSUES TO THE MISSUES OF THE POLICY PERIOD INDICATED NOTWITHST AND INC. MISSUES OF RESPRANCE LISTED BELOW HAVE SEEN ISSUES TO THE MISSUES OF THE POLICY PERIOD INDICATED NOTWITHST AND INC. MISSUES AGREEMAL MAINTY PURPORT OF INSURANCE AND INC. PURPORT OF INSURANC				INSURERS A	FFORDING COV	/ERAGE	NAIC#		
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Date of this notice: 09-12-2017

Employer Identification Number:

82-2762092

Form: SS-4

Number of this notice: CP 575 E

BARRACKVILLE PTO % BETHANY SYPOLT PO BOX 150 BARRACKVILLE, WV 26559

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-2762092. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is BARR. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your

Keep this part for your records. CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

999999999

Your	Telephone	Number	Best	Time	to	Call	DATE	OF	THI
() -						EMPLO	YER	≀ TD¹

Call DATE OF THIS NOTICE: 09-12-2017
EMPLOYER IDENTIFICATION NUMBER: 82-2762092

FORM: SS-4

NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

BARRACKVILLE PTO % BETHANY SYPOLT PO BOX 150 BARRACKVILLE, WV 26559

MARION COUNTY BOARD OF EDUCATION FACILITY USE/RENTAL AGREEMENT

19-2250

This a	greement dated thed	lay of NOV	ember		2022	. by and	betweer	the
Marior	Banackulle PT	Education	(hereafter (here	known after known a	as N	MCBOE)	and	the
WHER	REAS, the Marion County Board of	Education is	the owner	and manage	er of a d	certain facilit	y known	n as
	THEREFORE, in consideration of the ization agree that:	e mutual promi	ises and cov	enant herein	provide 1	that the MCE	3OE and	the
t.	Organization Name Bayan	Kirlle	PTO					
H.	Contact Name Reigha R	Bryce,	Presia	lent				
III.	Address PO BOX 150	Bana	ckvill	e			ŵ.	Į5.
J.	Phone Number 681-404	9371			=	×		
V.	The MCBOE covenants and agrees to through Bayack Public For School Schoo	The ace e right to elimina	ctivities hereinate any of the	for described p	ertain to	the Organiza	ation's gr nd/or spe	ecial
VI.	Is the planned activity a non-profit ma	aking venture?_	yes					
	Criteria: 490P Attorney Gen 114 (1961) Board	not authorized to re	ent or lease scho	ool property to pro	ofit-making	organizations.		

July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible...unless such ventures

would not have a community purpose.

XIV.	MCBOE shall inspect Bauackirlle School after	7510 F1/page 3 of 3 er Organization's usage to ensure that no
	damages occurred as a direct result of Organization's usage.	
		19-225
XV.	Organization will receive one key to be used by signer and assigns only,	with no duplicates to be made or used by
	others. If the key is used by others or during non-scheduled times by terminated.	others, this contract will be immediately
XVI.	The terms of this Agreement and all privileges, rights, obligations, dutie	es and liabilities hereunder shall remain in
	force and effect from 8/22/22, unit 2023; however, either party upon thirty (30) days wr	
	terminate this agreement immediately for any reason whatsoever. This agreement	
	existing between the parties. There are no other agreements, oral or	*
	agreement. The AGREEMENT and all terms and provisions herein	
	successors and assigns.	•
Be	thany Dogoth, Treasurer	11/7/22
Repres	entative of Organization	Date
	ich Bembard	11/18/22
Principa	al or Designee	Date
1	my les ha	11.18.5
dminis	strative Assistant of Maintenance, Facilities and Athletics	Date

Date

Date

8/26/08 2/23/15 8/12/21 11/30/21 3/3/22 07/28/22

Superintendent

Board President

ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/1777) 11/02/2022

PRODUCER aALPHA AGENCIES LLC 1756 A MILEGROUND RD MORGANTOWN, WV 26505			THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
	INSURERS AFFORDING COVERAGE					-	NAIC #	
INS	JRED			INSURER A. LI	BERTY MUTUAL		-1	
		BARRACKVILLE PTO		INSURER B:			i	
		PO BOX 150 BARRACKVILLE, WV 2658	59	INSURER C:				
				INSURER D:			T	
INSURER E								
A A N	HE PONY R	AGES OLICIES OF INSURANCE LISTED BEL EQUIREMENT, TERM OR CONDITION ERTAIN, THE INSURANCE AFFORDE IES. AGGREGATE LIMITS SHOWN MA	D BY THE POLICIES DESCRIBED H	OCUMENT WITH R EREIN IS SUBJECT CLAIMS.	ESPECT TO WHICE	H THIS CERTIFICATE MAY MS, EXCLUSIONS AND COI	DE I	COLLEG AD
	INSRI		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	S	
		GENERAL LIABILITY	BLS 62040908	09/16/2022	09/16/2023	EACH OCCURRENCE	\$	1,000,000
A	Α	X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	\$	1,000,000
		CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$	15,000
						PERSONAL & ADV INJURY	\$	1,000,000
						GENERAL AGGREGATE	\$	2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMPIOP AGG	\$	2,000,000
	i	A POLICY JECT LOC					\$	00
		ANY AUTO		1		COMBINED SINGLE LIMIT (Ea accident)	\$	10
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
		HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
		GARAGE LIABILITY			-	AUTO ONLY - EA ACCIDENT	5	
		ANY AUTO				OTHER THAN EA ACC AUTO ONLY: AGG		
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	s	
		OCCUR CLAIMS MADE		4		AGGREGATE	s	
							s	
		DEDUCTIBLE					\$	
		RETENTION S					\$	
		RKERS COMPENSATION AND				WC STATU- OTH- TORY LIMITS ER		
!		PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$	
	OFFI	CERMEMBER EXCLUDED?		4		E.L. DISEASE - EA EMPLOYEE	\$	
	SPE	CIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$	
	ОТН	ER		block de vergessense				
DES	CRIPTI	ON OF OPERATIONS / LOCATIONS / VEHICL	ES / EYCL HSIONS ADDED BY ENDORGEN	ENT/SDECIAL BROOM	SIONS	<u> </u>		
		ONAL INSURED: MARION COUNT	TY SCHOOLS U RETTON DR	ent i special provi	SIONS			
CE	RTIF	ICATE HOLDER		CANCELLAT	ION			
		MARION COLINTY SCHOOL	9	SHOULD ANY OF	THE ABOVE DESCRIE	DED POLICIES BE CANCELLED 8	EFO	RE THE EXPIRATION
MARION COUNTY SCHOOLS 1516 MARY LOU RETTON DR FAIRMONT, WV 26554		DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL						
				REPRESENTATIV	/ES.	OF ANY KIND UPON THE INSUR		
		1.			-2	de of Vertelays		

Form (Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	Name (as shown on your income tax return). Name is required on this line; do	o not leave this line blank.		
	2 Business name/disregarded entity name, if different from above			
n page 3.				
	Check appropriate box for federal tax classification of the person whose name following seven boxes. Individual/sole proprietor or			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3);
Se Se	single-member LLC	L. rannership L.	Trust/estate	Exempt payee code (if any) 501
r to	Limited liability company. Enter the tax classification (C=C corporation, S=	S corporation, P=Partnership)	-	The payor sould in any
Print or type. See Specific Instructions on	Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded from another LLC that is not disregarded from the owner for U.S. federal tax puts is disregarded from the owner should check the appropriate box for the tax puts is disregarded from the owner should check the appropriate box for the tax puts is disregarded.	om the owner unless the owner		Exemption from FATCA reporting code (if any)
Dec	Other (see instructions) ▶			(Applies to accounts maintained outside the U.S.)
8	Address (number, street, and apt. or suite no.) See instructions.	Req	uester's name a	nd address (optional)
Ś	6 City, state, and ZIP code			
	BARRACKVILLE W 26559			
	7 List account number(s) here (optional)			
Par	Taxpayer Identification Number (TIN)			11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Enter	our TIN in the appropriate box. The TIN provided must match the gam	on given on line 1 to avail	Social soc	urity number
oacku	p withholding. For individuals, this is generally your social security num	her (SSM) However for a	Godiai Sec	any number
entities	nt alien, sole proprietor, or disregarded entity, see the instructions for F s, it is your employer identification number (EIN). If you do not have a n	Part I, later. For other number, see <i>How to get a</i>] - -
TiN, la	ter. If the account is in more than one name, see the instructions for line 1.	Alan one IA/het Ne	Or Employees	identification number
Numbe	er To Give the Requester for guidelines on whose number to enter.	Also see vinat Name and	82	- 2762092
Part				1-1-0-1-12
	penalties of perjury, I certify that:			
Sen	number shown on this form is my correct taxpayer identification numb not subject to backup withholding because: (a) I am exempt from bac rice (IRS) that I am subject to backup withholding as a result of a failure onger subject to backup withholding; and	kun withholding or (h) t ha	to not book he	difficult loss than to be a second from the
	a U.S. citizen or other U.S. person (defined below); and			
4. The	FATCA code(s) entered on this form (if any) indicating that I am exemp	t from FATCA reporting is o	correct.	
acquisi other ti	cation instructions. You must cross out item 2 above if you have been no ve falled to report all interest and dividends on your tax return. For real est tion or abandonment of secured property, cancellation of debt, contribution nan interest and dividends, you are not required to sign the certification, but	ate transactions, item 2 does	not apply. For	mortgage interest paid,
Sign Here	Signature of Betta any Tra	PASUREN Date	111	7/2022
Ger	neral Instructions	• Form 1099-DIV (dividen	ds, including t	hose from stocks or mutual
Section noted.	n references are to the internal Revenue Code unless otherwise	funds) • Form 1099-MISC (vario proceeds)	us types of inc	come, prizes, awards, or gross
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted they were published, go to www.irs.gov/FormW9.	 Form 1099-B (stock or transactions by brokers) 	mutual fund sa	ales and certain other
		• Form 1099-S (proceeds	from real esta	ate transactions)
-	pose of Form			d party network transactions)
informa	vidual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer cation number (TIN) which may be your social security number	1098-T (tuition)		1098-E (student loan interest),
(SSN),	individual taxpayer identification number (ITIN), adoption	Form 1099-C (canceled Form 1099-A /acquisition		sont of accumed war a sub-A
(EIN), t	er identification number (ATIN), or employer identification number o report on an information return the amount paid to you, or other	 Form 1099-A (acquisitio Use Form W-9 only if y 	ou are a U.S. ı	person (including a resident
amoun	t reportable on an information return. Examples of information include, but are not limited to, the following.	alien), to provide your cor	rect TIN.	
	1099-INT (interest earned or paid)	If you do not return For be subject to backup with	m W-9 to the i holding. See \	requester with a TIN, you might What is backup withholding,

MARION COUNTY BOARD OF EDUCATION **FACILITY USE/RENTAL AGREEMENT**

This a	greement dated the fourteenth day of Apventor	2011	by and	d between	the
Marion	County Board of Education (hereafter known ton County Parks and Recruition Commission (hereafter known	as n as Organ	MCBOE)	and	the
WHER	REAS, the Marion County Board of Education is the owner and man			ty known	as
NOW, Organi	THEREFORE, in consideration of the mutual promises and covenant her ization agree that:	ein provide	e that the MC	BOE and	the
l,	Organization Name Marian County Parks and Recree	two Cin	41580-		
II,	Contact Name Tina Mascani				
Ш	Address 1000 Cole St. Suite B, Pleasant Val	ley	_		
IV	Phone Number 304-707-3708 or 304-363	703	7		
V_{acc}	The MCBOE covenants and agrees that it shall, from Adventor actions through the agree of the agr)		1	
	MCPARC K-3 Broxetball (engul	, make	available		the the
	Y-3 his vetto 11 acot as		the purp	pose	of
	exclusively. The MCBOE reserves the right to eliminate any of the above day	d pertain t	to the Organiz	ation's gro	up
	programs occurring in said facility. The MCBOE will provide a schedule to	the Organ	e is no school a	and/or spec	isit adt
	facility will not be available.	3=		oc dates t	iiie
VI	Is the planned activity a non-profit making venture?				
	Criteria 490P Attorney Gen 114 (1961) Board not authorized to rent critease school property to	profit-makin	g organizations		

July 22, 1985 St. Superintendent interpretation states in part that question is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible ... unless such ventures

would not have a community purpose

Organization agrees to assure that said Organization is a Not-For-Profit entity. VII. 200 (5) (Include a copy of your W-9 Request for Taxpayer Identification FEIN Number 55 Number & Certificate) the of its events utilizing scheduling VIII Organization covenants and agrees that the burrous wille steme fact se as provided for herein shall be coordinated with and through the Organization and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics. Organization agrees to a facility use fee of \$______ per _____ in addition to a \$____ IX custodial fee per ___ (Additional fees may apply depending on facility) S______ for ____ Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for X. all events during the term of this agreement. Information: (minimum of \$1,000,000 liability required by MCBOE) Insurance Company: WV Countres Risk Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, ΧI losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following Any injury, or the death of, any person or persons or loss or damage to property on or about the premises A. or any adjoining property arising from or connected with the premises during the term of this agreement Performance of any labor or services or the furnishing of any materials or other property in respect of the B. premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the

- 18-41

Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and XII: agrees to be responsible for any damages or expenses resulting from Organization's use of the facility

aforementioned by the MCBOE.

Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and XIII municipal authorities including but not limited to all safety regulations and health department rules and regulations

XIV.	MCBOE shall inspect <u>Remedent Gymasic</u> after damages occurred as a direct result of Organization's usage.	7510 F1/page 3 of 3 er Organization's usage to ensure that no
XV.	Organization will receive one key to be used by signer and assigns only others. If the key is used by others or during non-scheduled times by terminated.	with no duplicates to be made or used by others, this contract will be immediately
XVI	The terms of this Agreement and all privileges, rights, obligations, duties force and effect from 1000 1000 2000 2000 2000 . un terminate this agreement immediately for any reason whatsoever. This are existing between the parties. There are no other agreements, oral or agreement. The AGREEMENT and all terms and provisions herein successors and assigns.	til the /ast day of itten notice to the other may, with impunity, greement constitutes the entire agreement otherwise, which modifies or affects this
1	na Mascaro	11-14-22
Sas	al or Designee	Date 11-16-1002 Date
Admini	strange Assistant of Maintenance, Facilities and Athletics	Date
Superir	ntendent	Date
Board	President	Date
8/26/08 2/23/15 8/12/21 11/30/2 3/3/22 07/28/2	5 1 21	

Marion County Board of Education 509 Pike Street Barrackville School Barrackville, WV 26559

CERTIFICATE OF COVERAGE

Issue Date: 11/14/2022

THIS CERTIFICATE OF COVERAGE IS ISSUED AS A MATTER OF INFORMATION ONLY, IT CONFERS NO RIGHTS UPON THE THIRD PARTY REQUESTING THE CERTIFICATE BEYOND WHAT THE REFERENCED COVERAGE CONTRACT EXPRESSLY PROVIDES. THIS CERTIFICATE OF COVERAGE DOES NOT EXTEND, AMEND, OR ALTER THE COVERAGE, TERMS, EXCLUSIONS, OR CONDITIONS AFFORDED BY THE COVERAGE CONTRACT REFERENCED IN THIS CERTIFICATE OF COVERAGE

PRODUCER		CONTACT NAME:	Raevyn Allen		
	Risk Management Programs, Inc. 1819 Electric Road, Suite C Roanoke, VA 24018	PHONE:	(844) 986-2705		
		EMAIL:	rallen@riskprograms.com		
MEMBER:			COMPANIES AFFORDING COVERAGE		
	Marion County Parks and Recreation PO Box 1258 Fairmont, WV 26555	COMPANY A:	West Virginia Communities Risk Pool		

COVERAGES

rate garage

This is to certify that the coverages listed below have been issued to the member named above for the contract period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded by the coverages described herein is subject to all the terms, exclusions and conditions of such coverage contracts. Limits shown may have been reduced by paid claims.

CO LTR	TYPE OF COVERAGE	CONTRACT NUMBER		CONTRACT EXPIRATION DATE		
					Each Occurrence	Lim \$1,000,000
					Fire Damage (Any one fire)	Lim. \$100,000
A	GENERAL LIABILITY	VM-MA-	07/01/2022	07/01/2023	General Aggregate	Lim. NONE
	☑ Occurrence	024P-23	0110172022	07/01/2023	Personal & ADV Injury	Lim. \$1,000,000
					Products - Comp/OP	Lim \$1 000 000
					General Liability	Ded So
Α	AUTOMOBILE LIABILITY ☑ All Owned Autos ☐ Hired Autos ☐ Scheduled Autos ☐ Non-Owned Autos	VV-MA- 024P-23	07/01/2022	07/01/2023	Combined Single Limit Auto Liability	Lim. \$1,000,000
A	AUTOMOBILE PHYSICAL	VV-MA-			Collision (ACV)	Ded \$1,000
	DAMAGE	024P-23	07/01/2022	07/01/2023	Comprehensive (ACV)	Ded \$1,000
A	CRIME	VW-MA-	07/01/2022	07/01/2023	Blanket	Lim \$250 000
	O'MINE.	024P-23	0110112022	07/01/2023	Per Occurrence	Ded \$250
	EXCESS LIABILITY				Excess Automobile Liability - Aggregate	Lim. NONE
	☑ Excess General Liability ☑ Excess Automobife Liability				Excess Automobile Liability - Each Occurrence	Lim. \$1,000,000
Α	Excess Law Enforcement Liability	WMA.	07/01/2022	07/01/2023	Excess General Liability - Aggregate	Lim NONE
	 ≅ Excess Public Officials Liability □ Excess Educators Legal 	024P-23			Excess General Liability - Each Occurrence	Lim \$1,000,000
	Liability Other than Unibrella Form				Excess Public Officials Liability - Aggregate	Lim \$1,000,000
					Excess Public Officials Liability - Each Occurrence	Lim \$1 000,000
A	INLAND MARINE	V/V-MA- 024P-23	07/01/2022	07/01/2023	Blanket per Schedule on File	
Α	PROPERTY	WW-MA-	07/01/2022	07/04/2000	Blanket per Schedule on File	
(EE)		024P-23	0110112022	07/01/2023	Building & Contents	Ded. \$1,000

-58-01

	PUBLIC OFFICIALS								Aggregate	Lim.	\$1,000,000	
A	I ta put egg		07/01/2022	07/01/2022	07/01/2022	07/01/2022				Each Wrongful Act	Lim.	\$1,000,000
	Ø Occurrence		Per Occurrence	Død.	\$2,500							
		WV-MA- 024P-23	07/01/2022	07/01/2023	EL Disease - Each Emp.	Lim.	\$1,000,000					
					EL Disease - Policy Limit	Lim.	\$1,000,000					
A	WORKERS' A COMPENSATION AND				EL Each Accident	Lim.	\$1,000,000					
EMPLOYERS' LIABILITY	0247-23			WC Statutory Limits								
			1]	WC Deductible	Ded.	\$0					

Description of Operations / Locations / Vehicles / Special Items / Notes

RE: McParc K-3 Basketball

Certificate Holder is added as an additional insured to the extent permitted by the laws of the State of WV and only in respect to claims or actions ansing from or in connection with negligent acts of the Member, its employees, agents or officials.

CERTIFICATE HOLDER	Authorized Representative	
Marion County Board of Education 509 Pike Street Barrackville School Barrackville, WV 26559	Rawyn Allen	

MARION COUNTY BOARD OF EDUCATION FACILITY USE/RENTAL AGREEMENT

19-2258

This	his agreement dated the 17th day of November 202	2, by and between the
	arion County Board of Education (hereafter known as East Pack Elementary School (hereafter known as On	MCBOE) and the
WHI	HEREAS, the Marion County Board of Education is the owner and manager of East Park Elemetry Cym.	a certain facility known as
NOV Orga	DW, THEREFORE, in consideration of the mutual promises and covenant herein proviganization agree that:	ride that the MCBOE and the
1.	Organization NameMCPARC	
N.	Contact Name Tony Michalsk.	_
III.	Address MCPARC	
IV.	Phone Number	_
V.	The MCBOE covenants and agrees that it shall, from November 17 through February 2023, make MCBB/ V/1 2 11	
	Basketball Practice The activities to	the the purpose of
	Basketball Practice. The activities herein described pertain exclusively. The MCBOE reserves the right to eliminate any of the above days that the programs occurring in said facility. The MCBOE will provide a schedule to the Organ facility will not be available.	to the Organization's group re is no school and/or special nization with those dates the
VI.	Is the planned activity a non-profit making venture?	
	Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making	ng organizations.
	I I am and a second sec	

July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible...unless such ventures would not have a community purpose.

VII.	Organization agrees to assure that said Organization is a Not-For-Profit entity.
	FEIN Number 55 - 6060/52 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)
VIII,	Organization covenants and agrees that the scheduling of its events utilizing the <u>Bast Park 6,000</u> as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.
IX.	Organization agrees to a facility use fee of \$ per in addition to a \$ custodial fee per
	(Additional fees may apply depending on facility) \$ for
X.	Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.
	Information: (minimum of \$1,000,000 liability required by MCBOE)
	Insurance Company: Marion Country
	Policy Number

XI.	Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:
	A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.
	B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.
XII.	Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.
XIII.	Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.

XIV.	MCROE shall inspect For 1 Park 1	7510 F1/page 3 of 3
VIA	MCBOE shall inspect <u>Fast Park Gym</u>	after Organization's usage to ensure that no
	damages occurred as a direct result of Organization's usage.	
XV.	Organization will receive one key to be used by signer and as	ecians only with an dustington to be used as
	others. If the key is used by signer and as	ssigns only, with no duplicates to be made or used by
	others. If the key is used by others or during non-schedule	ed times by others, this contract will be immediately
	terminated	
XVI.	The terms of this Agreement and all privileges, rights, obliga-	tions duting and lightilities because a street
	force and effect from 44 to 2 and 19	dions, duties and frabilities hereunder shall remain in
	force and effect from Naveaber 2022	until the day of
	February 2023 however, either party upon thirty (30) days written notice to the other may, with impunity,
	terminate this agreement immediately for any reason whatsoe	ver. This agreement constitutes the entire agreement
	existing between the parties. There are no other agreement	the oral or otherwise which made a green en
	agreement The AGDESMENT and all bases and	its, oral of otherwise, which modifies or affects this
	agreement The AGREEMENT and all terms and provision	ons herein shall extend to and be binding on their
	successors and assigns	
,	11 2111/	11.5
2	dam Pethtel (Looch) Jeany Event	Coach / //-/7-22
Kepie	sentative of Organization	Date
	vmu the to	(1)
Princip	al or Designee	11/11/22
1	1. 1.	Date /
	and If the	11-26-23
Admini	strative Assistant of Maintenance. Facilities and Athletics	Date
		Date
Supori	ntendent	
Gupeni	mendent ——	Date
Board	President	
		Date
8/26/08		
2/23/15 8/12/21		
11/30/2		
3/3/22	1	
07/28/2	2	

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MARION COUNTY BOARD OF EDUCATION FACILITY USE/RENTAL AGREEMENT

19-2253

This agr	reement dated the Journal day of November 2011, by and between the	
Marion	County Board of Education (hereafter known as MCBOE) and the	
Mario	h County Parks and Recountion Dimmession (hereafter known as Organization).	
WHERE	EAS, the Marion County Board of Education is the owner and manager of a certain facility known as	
NOW, 1	THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the	
	ation agree that:	
l.	Organization Name Macion County Parts and Recreation Commission	
II.	Contact Name Tima Mascan	
(II).	Address 1000 Cale Street Suite B Pleasant Valley	
IV	Phone Number 304-707-3708 or 304-363-7031	
V.,	The MCBOE covenants and agrees that it shall, from	5
	through make available to the	
	mcPARC basketball league the	
	2018 Field House for the purpose of	
	K-3 Baskethall League . The activities herein described pertain to the Organization's group	
	exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special	
	programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the	
	facility will not be available.	
VI	Is the planned activity a non-profit making venture?	
	Criteria 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations	

July 22, 1985 St. Superintendent interpretation states in part that question is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible....unless such ventures would not have a community purpose

VII	Organization agrees to assure that said Organization is a Not-For-Profit entity.						
	FEIN Number 55 VOLO 152 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)						
Vill	Organization covenants and agrees that the scheduling of its events utilizing the 200 Field House as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.						
IX	Organization agrees to a facility use fee of \$ per in addition to a \$ custodial fee per						
	(Additional fees may apply depending on facility) \$ for						
Х	Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.						
	Information: (minimum of \$1,000,000 liability required by MCBOE)						
	Insurance Company: WV Courties Risk Pool						
	Policy Number WV - MA - 024P - 22						

ΧI	Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:						
A Any injury, or the death of, any person or persons or loss or damage to property on or about the or any adjoining property arising from or connected with the premises during the term of this agreement.							
	B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE						
XII	Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.						
XIII	Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.						

19-2253

XIV	MCBOE shall inspect LOS Field House	7510 F1/page 3 of 3 after Organization's usage to ensure that no
	damages occurred as a direct result of Organization's usage.	S S S S S S S S S S S S S S S S S S S
XV.	Organization will receive one key to be used by signer and assistance. If the key is used by others or during non-scheduled terminated.	gns only, with no duplicates to be made or used by times by others, this contract will be immediately
XVI	The terms of this Agreement and all privileges, rights, obligation force and effect from Mountain 14,2022 ; however, either party upon thirty (30) terminate this agreement immediately for any reason whatsoeve existing between the parties. There are no other agreements agreement. The AGREEMENT and all terms and provisions successors and assigns.	day of days written notice to the other may, with impunity, This agreement constitutes the entire agreement oral or otherwise, which modifies or affects this
Mi	a Mexicaro	11-14-72
Repres	servative of Organization	Date
Princip	paller Designee	Date
Admini	istrative Assistant of Maintenance, Facilities and Athletics	7/- 21-27 Date
Superi	intendent	Date
Board	President	Date
8/26/08	8	

2/23/15 8/12/21 11/30/21 3/3/22 07/28/22 : 93 - 8 i

Marion County Board of Education 1516 Mary Lou Retton Dr. 201st Fmt Sr Fieldhouse Fairmont, WV 26554 51-61

CERTIFICATE OF COVERAGE

Issue Date

1/14/2022

THIS CERTIFICATE OF COVERAGE IS ISSUED AS A MATTER OF INFORMATION ONLY. IT CONFERS NO RIGHTS UPON THE THIRD PARTY REQUESTING THE CERTIFICATE BEYOND WHAT THE REFERENCED COVERAGE CONTRACT EXPRESSLY PROVIDES. THIS CERTIFICATE OF COVERAGE DOES NOT EXTEND, AMEND, OR ALTER THE COVERAGE, TERMS, EXCLUSIONS, OR CONDITIONS AFFORDED BY THE COVERAGE CONTRACT REFERENCED IN THIS CERTIFICATE OF COVERAGE

PRODUCER:	Risk Management Programs, Inc. 1819 Electric Road, Suite C Roanoke, VA 24018	CONTACT NAME:	Raevyn Allen	
		PHONE:	(844) 986-2705	
		EMAIL:	rallen@riskprograms.com	
MEMBER	Marion County Parks and Recreation PO Box 1258 Fairmont, WV 26555	COMPANIES AFFORDING COVERAGE		
		COMPANY A:	West Virginia Communities Risk Pool	

COVERAGES

This is to certify that the coverages listed below have been issued to the member named above for the contract period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded by the coverages described herein is subject to all the terms, exclusions and conditions of such coverage contracts. Limits shown may have been reduced by paid claims.

CO

CONTRACT

CO LTR	TYPE OF COVERAGE	CONTRACT NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS / DEDUCTI	BLES	
	1 100 000 000 000 000 000 000 000 000 0				Each Occurrence	Lim. \$1,000,	000
					Fire Damage (Any one fire)	Lim. \$100,	000
Α	GENERAL LIABILITY	WV-MA-	07/01/2022	07/01/2023	General Aggregate	Lim. NO	ONE
	☑ Occurrence	024P-23	0110112022	0170172023	Personal & ADV Injury	Lim. \$1,000,	000
					Products - Comp/OP	Lim. \$1,000,	00
					General Liability	Ded.	\$1
20.00	AUTOMOBILE LIABILITY						
А	☑ All Owned Autos ☐ Hired Autos	VVV-MA-	07/01/2022	07/01/2023	Combined Single Limit	Lim. \$1,000,	00
	☐ Scheduled Autos	024P-23	01/01/2022		Auto Liability	Ded.	\$1
	☐ Non-Owned Autos						
A	AUTOMOBILE PHYSICAL DAMAGE	VVV-MA-	07/01/2022	07/01/2023	Collision (ACV)	Ded. \$1,	000
Α.		024P-23			Comprehensive (ACV)	Ded. \$1,	000
A	CRIME	VV-MA- 024P-23	07/01/2022	07/01/2023	Blanket	Lim. \$250,	00
					Per Occurrence	Ded. \$	250
	EXCESS LIABILITY Excess General Liability Excess Automobile Liability Excess Law Enforcement Liability Excess Public Officials Liability				Excess Automobile Liability - Aggregate	Lim. NO	ONE
					Excess Automobile Liability - Each Occurrence	Lim. \$1,000.	000
Α		VW-MA-		07/01/2023	Excess General Liability - Aggregate	Lim. NO	MC
		024P-23			Excess General Liability - Each Occurrence	Lim. \$1,000,	004
	☐ Excess Educators Legal Liability ☑ Other than Umbrella Form				Excess Public Officials Liability - Aggregate	Lim. \$1,000.	004
	2 Other trian Ombrena Forn)				Excess Public Officials Liability - Each Occurrence	Lim. \$1,000,	900
A	INLAND MARINE	VW-MA- 024P-23	07/01/2022	07/01/2023	Blanket per Schedule on File.		
	BRODERTY	VV-MA-	07/01/0000		Blanket per Schedule on File.		_
Α	PROPERTY	024P-23	07/01/2022	07/01/2023	Building & Contents	Ded \$1.6	000

A	PUBLIC OFFICIALS				Aggregate	Lim.	\$1,000,000
	LIABILITY	VV-MA- 024P-23	07/01/2022	07/01/2023	Each Wrongful Act	Lim.	\$1,000,000
	☑ Occurrence	024. 23			Per Occurrence	Ded.	\$2,500
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY		07/01/2022	07/01/2023	Et. Disease - Each Emp.	Lim.	\$1,000,000
		WV-MA- 024P-23			EL Disease - Policy Limit	Lim,	\$1,000,000
A					EL Each Accident	Lim	\$1,000,000
		0247-23			☑ WC Statutory Limits		
					WC Deductible	Ded.	\$0

Description of Operations / Locations / Vehicles / Special Items / Notes

RE Mcparc K-3 Basketball

Certificate Holder is added as an additional insured to the extent permitted by the laws of the State of WW and only in respect to claims or actions ensing from or in connection with negligent acts of the Member, its employees, agents or officials.

CERTIFICATE HOLDER	Authorized Representative
Marion County Board of Education 1516 Mary Lou Retton Dr. 201st Fmt Sr Fieldhouse Fairmont, WV 26554	Rasuyn Allen

MARION COUNTY BOARD OF EDUCATION FACILITY USE/RENTAL AGREEMENT

This ag	greement dated the 14 th day of November 2022 by and between the
Marion	County Books of Mr.
Mar	
10.000	ion Courty Parks and Tecrechen (hereafter known as Organization)
WHER	EAS the Marion County Board of Education is the owner and manager of a certain facility known as
)04	youne Clementary school
NOW	THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the
Organi	zation agree that
ī	Organization Name HCP42C - 7
	Organization Name MCPARC - Jayrane Team for 2001 grave
	The Edward Control of the Control of
11	Contact Name Tyson Fusgason
	22. 5
(1)	Address 1331 Peacetk Lane Fairment w 26554
IV	Phone Number 304 657-8584
V	The MCBOE covenants and agrees that it shall from 10V. 21 2022
	through March 30 Zo23 make available to the
	MCDADA Toward 2nd bro - A-us To-
	fact time
	to the porpose of
	basketball practice The activities herein described pertain to the Organization's group
	exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special
	programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the
	facility will not be available
VI	is the planned activity a non-profit making venture?
	No. of the second secon
	Citter all 493P Attorney Gen. 114 (1961) Board not authorized to rent or lease school property to profit making organizations.

July 27: 1965 St. Superintendent interpretation states in part that question is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes it is permissible. Unless such ventures would not have a community purpose.

(3:-01

Organization agrees to assure that said Organization is a Not For-Profit entity

	FEIN Number & Certificate
VIII	Organization covenants and agrees that the scheduling of its events utilizing the as provided for here in shall be coordinated with and through the Organization and said schedule will be provided to THE Administrative Assistant of Maintenance. Facilities and Athletics
ΙX	Organization agrees to a facility use fee of \$
	custogial fee per
	(Additional fees may apply depending on facility) \$for
X	Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement
	Information (minimum of \$1 000 000 liability required by MCBOE)
	Insurance Company Risk Management Programs Inc.
	Policy Number WY - MA - 03 4P - 23
	Attach a copy of the policy to the application************************************
ΧI	Organization covenants and agrees that it shall save MCBOE narmless from and indemnify it against all liabilities
	losses claims demands costs expenses and judgments of any nature arising or alleged to rise from or in
	connection with the following
	A Any injury or the death of any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.
	B Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding prought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.
XII	Organization coverants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility
XIII	Organization covenants and agrees that it shall comply with all laws orders, and regulations of Federa. State, and
	municipal authorities including but not limited to all safety regulations and health department rules and regulations

19-2254

XIV	MCBOE shall inspectGum	7510 F1/bage 3 of 3
	damages occurred as a direct result of Organization's usage	after Organization's usage to ensure that no
ΧV	Organization will receive one key to be used by signer and others. If the key is used by others or during non-sched terminated	assigns only with no duplicates to be made or used by uled times by others, this contract will be immediately
XV	force and effect from Nov. 21 2022 Muv Connowever either party upon thirty terminate this agreement immediately for any reason whatso existing between the parties. There are no other agreement agreement. The AGREEMENT and all terms and provision of the parties of the parties of the parties.	(30) cays written notice to the other may, with impunity bever. This agreement constitutes the entire agreement ents, oral or otherwise, which modifies as affectively
Principa	entative of Organization a) or Designee Strative Assistant of Maintenance Facilities and Athletics	Date Date 11-21-2022 Date
Superin	tendent	Date
Board P	resident	Date
8/26/08 2/23/15 8/12/21 11/30/25 3/3/22 07/28/22		



Per October 2018, Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give Form to the requester, Do not send to the IRS.

GO TO WWW.ITS GOVIFORMWS TO		mation.		200	200				
Name is shown on your norme tax neturns Name is required on this to Marion County Parks And Recreation Commission	te oc not leave this tine plank								
	2 But has remerbished entry have of other morn above								
3 Check appropriate box for federal tax plassification of the person whose following seven boxes.	name is entered on tire 1. Check only	gne of the	4 Exemptions loodes apply only to certain entities into individuals; see instructions on page 37						
Limited liabety company. Enter the tax crassification. CAD corporate Note: Check the appropriate pox is the line above full the tax classific	n, 5-S corporation, Fairmenting .								
LLC if the LLC is classified as a single stiermost LLC that is disregards if other LLC that is not disregarded from the owner. Kir U.S. byters to	Note: Check the appropriate box is the line apply of the tax class fortion of the engle-member giviner. On not check U.C.d the U.C.d dietaided as a single-in-ember U.C.d that is disregarded from the backer unless the owner of the U.C.d is involved U.C.d that is not disregarded from the owner of the U.C.d that is obsequented from the owner should offer the appropriate of the dissisfication of its diviner.								
7 Other (see instructions) ► Politica	Subdivision				ed avendu P# 2 S				
*	Reques	ter's name a	ind appress	optoral)					
P O Box 1258									
6 City, state and ZIP code									
Fairmont, WV 26555 7 Let account number(s) here options									
Lines account surpostal sals opinions									
Part I. Taxpayer Identification Number (TIN)									
Enter your TIN in the appropriate box. The TIN provided must match the	name given on line I to avoid	Social sec	curity number	Н					
packup withholding. For individuals, this is generally your social security.	number (SSN), ricwever, for a				TTT				
resident alien, sole proprietor, or disregarded entity, see the instructions and est it is your employer identification number (SIM) if you do not have				-					
TW later		Of							
Note: If the account is in more than one name, see the instructions for tir	ie Aspisee What Name and	Employer	dentificatio	a numbe	r				
Number To Give the Requester for guidelines on whose number to enter		5 5	- 6 0	6 0	1 5 2				
		0 3	0 0						
Part II Certification									
Under cenalties of perjury. I certify that	51 PUT 1500 V								
1. The number shown on this form is my correct taxpayer stem fication in 2. Laminet subject to backup withholding because. (a) Lamiexempt from	inder (or Earl Making for a number	er to be 159 not been ro	ued to me) noticed by th	, & O se Intern	al Revent a				
Service (IRS) that I am subject to backup withholding as a result of a fill no longer subject to backup withholding, and	elure to report all interest or divide	ends or (c)	tne RS has	notified	me thal Lam				
3 i am a U.S. citizen or other U.S. person (defined below), and									
1. The FAFCA codo(s) entered on this form (if any) indicate gift at liam as									
Certification instructions. You must cross out tent 2 above. Eyell have been you have falled to report all interest and dividends on your rax return. For less acquisition or abandonment of secured property, bandeflation of debt, ponting than interest and dividends, you are not required to sign the perification.	i estate transactions, item 2 does no butons to all individual retirement a	n sopiy Fol Largement	f mortgage (IRA, and)	n Hussigener by	Dayments				
Sign Signature of Here U.S. person Carty Half	Date >	6	11.12	Į					
General Instructions	Form 1099-DIV dividends funds	nichaling	those from	stocks o	of CiuTual				
Saction references are to the Internal Revent e Code unless off arwise hoted.	+ horm 1999 MISC war ous proceeds	types of in	conta priza	es, avvars	it or gross				
Future developments. For the latest information about peveropments elated to Form W-9 and its instructions, such as legislation enacted.	Form 1099-8 (stock or multimasections by brokers)	tia fund si	ಷೆಲು ಕೂರ ೧೯	rar o	er				
after they were published, go to in invites gov/FormWS	Form 1099-S (proceeds "	on real esti	बांच प्रशा शह	0005					
Purpose of Form	Form 1899 K (merchant c.	ard a xi ma	dipality half	work train	resetions)				
An a dividual or entity (Form W-9 requester) who is reduired to fits an information return with the IRS must obtain your correct tappayer.	 Form 1098 (home in ortgage interest), 1099-E ist, 1698-1 (button) 				an vileteat.				
SSN), includual latipayer identification cumber (TIM), adoution	 Form 1099-C (canonies) de 								
taxpayer identification number (ATIN), or employer identification number	Form 1099-A parquisition of								
Elft), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.	use Form W-9 only if you alway, to provide your corre-	at TIM							
Form 1095-IN1 Interest earned or bald	If you do not return Form be subject to backup withho								
	market and								

12-01

CERTIFICATE OF COVERAGE

Issue Date 11/14/2022

THIS CERTIFICATE OF COVERAGE IS ISSUED AS A MATTER OF INFORMATION ONLY IT CONFERS NO RIGHTS UPON THE THIRD PARTY REQUESTING THE CERTIFICATE BEYOND WHAT THE REFERENCED COVERAGE CONTRACT EXPRESSLY PROVIDES THIS CERTIFICATE OF COVERAGE DOES NOT EXTEND AMEND OR ALTER THE COVERAGE TERMS EXCLUSIONS OR CONDITIONS AFFORDED BY THE COVERAGE CONTRACT REFERENCED IN THIS CERTIFICATE OF COVERAGE

PRODUCER

Risk Management Programs inc 1819 Electric Road, Suite C Roanoke, VA 24018 CONTACT

Raevyn Allen

PHONE

(844) 986-2705

EMAIL

rallen@riskprograms.com

COMPANIES AFFORDING COVERAGE

MEMBER

Marion County Parks and Recreation PO Box 1258 Fairmont, WV 26555

COMPANY

West Virginia Communities Risk Pool

COVERAGES

This is to certify that the coverages listed below have been issued to the member named above for the contract period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded by the coverages described herein is subject to all the terms, exclusions and conditions of such coverage contracts. Limits shown may have been reduced by paid claims.

LTR	TYPE OF COVERAGE	NUMBER EFFECTIVE EXPIR		CONTRACT CONTRACT EFFECTIVE EXPIRATION DATE DATE		BLES	
					Each Occurrence	Lim	\$1,000,000
					Fire Damage (Any one fire)	Lim	\$100 000
A	GENERAL LIABILITY	AV VA	67 51 2027	67.81.2023	General Aggregate	्वा	NONE
	El Occurrence	9240 2	4. 3. 5055	01 01 2/23	Personal & ADV Injury	l m	\$1,000,000
					Products ContaiOP	¹⁰ Um	\$1,000,000
					Genéral Liabéty	Ced	\$0
A	AUTOMOBILE LIABILITY SI Air Owner: Autos Three Autos Scrieduled Autos Non-Owned Autos	W MV	67 ah 2022	07 0 1 2023	Combined Single Earth Auto Liability	Lati	\$1 000 000 \$0
2.	AUTOMOBILE PHYSICAL	531			Colision (ACV)		
A	DAMAGE	11 AIA 24⊇ Z	100000000	N/ 01/2023		Ded	\$1,000
					Cori tirenensive (ACV)	Deci	\$1,000
4	CRIME	14P 2	117 51 2022	0.01263	Blaneat	Lim	\$250,000
		270		32-	Per Occurrence	Ded	\$250
	EXCESS LIABILITY				Excess Automobile (lability Aggregate	Em	NONE
	2 Excess General Labiti 2 Excess Automobile liazetts				Excess Automobile classify Each Occurrence	1.10	\$1 000 000
A	Tokkess Law Enforcement	NAMA KA	271 2:07	57 01 2623	Excuss General Unibility Aggregate	lt.	NUNE
	Elections Potac Uticials Liability Difference ducators Lista	33153.	, ,,,,	11 101 2023	Excess General Fraction Cocurrence	4 m 3	1 000 000
	ciability 11 Other than proceeds to the				Excuss Public Officials Liability Aggregate	Cars 3	1 000 000
	10 7.5				Excess Public Officials Unpility Each Oppur ence	Un 3	000 000
A	INLAND MARINE	021P 23	uf 01 2027	GJ 0 1 2023	Bianket per Schedule on File		
A	PROPERTY	WY MA			Slanket per Schedule on File		
62	- CALLETTI	3217-25	12 01 2022	07/01/2023	Building & Contents	Ced	\$1.0(0)

2	PUBLIC OFFICIALS LIABILITY	717 MA	701277		Aggregate	≟वरि	\$1,000,000
	1/ Occurrence				Each Wrongtul Act	UMi	\$1,000,000
					Por Occurrence	Ded	\$2,500
	1153%	The state of the s			EL Dispase Counting	Lm	51 000 000
	WORKERS		117.21		EL Disease Polici Lina	_d*	\$1,000,000
A.	COMPENSATION AND	05 MA			El Each Acoldeni	Lim	\$1 600 000
	CWIPCOTERS EMBILITY	to a copping on the state of th			MC Statutor (Limits		
	Re-tweet 6				W. Coductible	Sed	50

Description of Operations / Locations / Vehicles / Special Items / Notes

HE Vepair N.J Bashelball

certificate notice is added as an additional instead to the eatern permitted by the laws of the State of MV and only in respect to Claims or actions arising from or in Connection with regispent acts of the Mainteen its employees, a jends or unlocals.

CERTIFICATE HOLDER	Authorized Representative				
Macor County Board of Education 1516 Mary Lou Retion Dr 201st Fait Sr Fieldhouse Fairmont: WV 26554	Frage ML.				

MARION COUNTY BOARD OF EDUCATION FACILITY USE/RENTAL AGREEMENT

This ag	greement dated the tour teach day of Northber , 2002 , by and between the
Marion	(10.00.00)
Mag	on County Hirtsand Recreation Commission (hereafter known as Organization).
	EAS, the Marion County Board of Education is the owner and manager of a certain facility known as
	rasant Valley Elementary School
NOW	THEREFORE is consideration of the mutual appring and appropriate back applied that it was not a
	THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the ization agree that:
Organi	zaudn ag 66 trat.
Lie	Organization Name Marion County Parks and Recreation Commssion
IL:	Contact Name Tina Masean
	Cala Co Co I O Al Co I I
III	Address 1000 (de St. Sute B Plasant Valley
n.	Phone Number 304-707-3708 or 304-363-7037
IV	Phone Number <u>10 9 10 1 3 10 0 07 3 10 3 1</u>
V.	The MCBOE covenants and agrees that it shall, from November 30
	through february 28, 2013 make available to the
	MCPARC Basketball Ceagers the
	gymnasium for the purpose of
	123 hask etball practice. The activities herein described pertain to the Organization's group
	exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special
	programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the
	facility will not be available.
1/1	to the standard of the standar
VI.	Is the planned activity a non-profit making venture?
	Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations

July 22, 1985 St. Superintendent interpretation states in part that question is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible... unless such ventures would not have a community purpose

	7510 F1/page 2 of 3					
VII	Organization agrees to assure that said Organization is a Not-For-Profit entity.					
	FEIN Number 55 (CC15) (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)					
VIII	Organization covenants and agrees that the scheduling of its events utilizing the Provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.					
IX	Organization agrees to a facility use fee of \$ per in addition to a \$ custodial fee per					
	(Additional fees may apply depending on facility) \$ for					
x	Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.					
	This section must be completed Liability Insurance Information: (minimum of \$1,000,000 liability required by MCBOE)					
	Insurance Company: WV Countres Risk Pool					
	Policy Number (UV MA -OJY (P-JJ					
	***********************Attach a copy of the policy to the application************************************					
XI	Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:					
	A Any injury, or the death of, any person or persons or loss of damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement					
	Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE					
XII	Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility					
XIII	Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations					

XIV.	damages occurred as a direct result of Organization's usage	7510 F1/page 3 of 3 after Organization's usage to ensure that no
XV.	Organization will receive one key to be used by signer and assigns others. If the key is used by others or during non-scheduled time terminated.	only, with no duplicates to be made or used by es by others, this contract will be immediately
Principa	The terms of this Agreement and all privileges, rights, obligations, of force and effect from however, either party upon thirty (30) day terminate this agreement immediately for any reason whatsoever. The existing between the parties. There are no other agreements, or agreement. The AGREEMENT and all terms and provisions her successors and assigns. Additional and the parties of Organization and Designee. But the parties of Organization and Athletics and Athletics.	until the <u>we lost</u> day of swritten notice to the other may, with impunity, his agreement constitutes the entire agreement of or otherwise, which modifies or affects this
Superin	tendent	Date
Board F	President	Date
8/26/08 2/23/15 8/12/21 11/30/2		

3/3/22 07/28/22 Marion County Board of Education 58 Valley School Road Pleasant Valley Elementary Fairmont, WV 26554

CERTIFICATE OF COVERAGE

Issue Date: 11/15/2022

THIS CERTIFICATE OF COVERAGE IS ISSUED AS A MATTER OF INFORMATION ONLY. IT CONFERS NO RIGHTS UPON THE THIRD PARTY REQUESTING THE CERTIFICATE BEYOND WHAT THE REFERENCED COVERAGE CONTRACT EXPRESSLY PROVIDES. THIS CERTIFICATE OF COVERAGE DOES NOT EXTEND, AMEND, OR ALTER THE COVERAGE, TERMS, EXCLUSIONS, OR CONDITIONS AFFORDED BY THE COVERAGE CONTRACT REFERENCED IN THIS CERTIFICATE OF COVERAGE

PRODUCER:	Risk Management Programs, Inc. 1819 Electric Road, Suite C Roanoke, VA 24018	C	ONTACT NAME:	Raevyn Allen
			PHONE:	(844) 986-2705
			EMAIL:	rallen@riskprograms.com
MEMBER:				COMPANIES AFFORDING COVERAGE
	Marion County Parks and Recreation PO Box 1258 Fairmont, WV 26555	C	OMPANY A:	West Virginia Communities Risk Pool

COVERAGES

This is to certify that the coverages listed below have been issued to the member named above for the contract period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded by the coverages described herein is subject to all the terms, exclusions and conditions of such coverage contracts. Limits shown may have been reduced by paid claims.

CO LTR	TYPE OF COVERAGE	CONTRACT NUMBER		CONTRACT EXPIRATION DATE			
					Each Occurrence	Lim	\$1,000,000
					Fire Damage (Any one fire)	Lim	\$100,000
	GENERAL LIABILITY	WW-MA-	07.04.0000	07/01/2023	General Aggregate	Lim	NONE
A	2 Occurrence	024P-23	07/01/2022	07/01/2023	Personal & ADV Injury	Lim	\$1,000,000
					Products - Comp/OP	Lim.	\$1,000,000
					General Liability	Ded	50
	AUTOMOBILE LIABILITY						
	All Owned Autos	WW-MA	07/01/0000	07/01/2023	Combined Single Limit	Lim.	\$1,000,000
Α	Scheduled Autos	024P-23	07/01/2022	07/01/2023	Auto Liability	Ded	\$0
	☐ Non-Owned Autos						
	AUTOMOBILE PHYSICAL	νν-MA-			Collision (ACV)	Ded	\$1,000
Α	DAMAGE	024P-23	07/01/2022	07/01/2023	Comprehensive (ACV)	Ded	\$1,000
		V/V-MA-		Blanket		Lim	\$250,000
A	CRIME	024P-23	07/01/2022	07/01/2023	Per Occumence	Dec	\$250
		VV/-MA-	07/01/2022		Excess Automobile Liability - Aggregate	Lini	NONE
	EXCESS LIABILITY Excess General Liability				Excess Automobile Liability - Each Occurrence	Lim	\$1 000 000
	☑ Excess Automobile Liability ☐ Excess Law Enforcement Liability				Excess General Liability - Aggregate	Lim	NONE
А	Excess Public Officials Liability	024P-23		07/01/2023	Excess General Liability - Each Occurrence	Lim	\$1,000 000
	☐ Excess Educators Legal Liability				Excess Public Officials Liability - Aggregate	Lim	\$1 000 00
	2 Other than Umbrella Form				Excess Public Officials Liability - Each Occurrence	Lim	\$1 000 00
À	INLAND MARINE	VW-MA- 024P-23	67/01/2022	07/01/2023	Blanket per Schedule on File		
		VA/-MA-			Blanket per Schedule on File		
Α	PROPERTY	024P-23	07/01/2022	07/01/2023	Building & Contents	De	d \$1.00

		1						
		PUBLIC OFFICIALS				Aggregate	Lim.	\$1,000,000
	A	LIABILITY		WV-MA- 024P-23 07/01/2022	07/01/2023	Each Wrongful Act	Lim.	\$1,000,000
		⊠ Occurrence				Per Occurrence	Ded.	\$2,500
						EL Disease - Each Emp.	Lim.	\$1,000,000
						EL Disease - Policy Limit	Lim.	\$1,000,000
	А	WORKERS' COMPENSATION AND	WV-MA- 024P-23	07/01/2022	07/01/2023	EL Each Accident	Lim,	\$1,000,000
		EMPLOYERS' LIABILITY	0247-23			WC Statutory Limits		
						WC Deductible	Ded.	\$0

Description of Operations / Locations / Vehicles / Special Items / Notes

RE: McParc K-3 Basketball

Certificate Holder is added as an additional insured to the extent permitted by the laws of the State of WV and only in respect to claims or actions arising from or in connection with negligent acts of the Member, its employees, agents or officials.

CERTIFICATE HOLDER	Authorized Representative
Marion County Board of Education 58 Valley School Road Pleasant Valley Elementary Fairmont, WV 26554	Rawyn Allen

Form W-9

(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do	not leave this line blank.						
i	Marion County Parks And Recreation Commission							
i	2 Business name/disregarded entity name, if different from above							
раде 3.	3 Check appropriate box for federal tax classification of the person whose name following seven boxes.	e is entered on line 1. Check	only one of the	4 Exemption certain antitie instructions of	s, not inc	ividual		
8	Individual/sole proprietor or C Corporation S Corporation single-member LLC	Partnership [nip L. Trust/estate Exempt payee code (if any)			Rny)	60	
55	Limited liability company. Enter the tex classification (C=C corporation, S=	S corporation, P=Pertnership	o) ►			******		
Print or type. Specific instructions	Note: Check the appropriate box in the line above for the tex classification LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax put is disregarded from the owner should check the appropriate box for the tax.	Exemption from FATCA reporting code (if any)						
뒣	Other (see Instructions) ► Political Su	bdivision		(Applier to encoun	and delivery	l estalde l	Po U.S.J	
8	6 Address (number, etreet, and apt. or suite no.) See instructions.	Re	quester's name a	nd address (o	tional)			
3	P O Box 1258							
ر ا	6 City, state, and ZIP code							
	Fairmont, WV 26555							
	7 List account number(s) here (optional)							
Par	Taxpayer Identification Number (TIN)	· · · · · · · · · · · · · · · · · · ·						
	our TIN in the appropriate box. The TIN provided must match the nam	e given on line 1 to avoid	Social sec	unity number				
	withholding. For individuals, this is generally your social security num		•		1 [T		
	nt alien, sole proprietor, or disregarded entity, see the instructions for F s, it is your employer identification number (EIN). If you do not have a n			-	-		11	
TIN, la		militer, section to Ser a	or					
Note:	if the account is in more than one name, see the instructions for line 1.	Also see What Name and	Employer	Identification	number			
Numb	er To Give the Requester for guidelines on whose number to enter.							
			5 5	- 6 0 6	0 1	5	2	
Part	II Certification							
Under	penalties of perjury, I certify that:							
2. i arr Sen	number shown on this form is my correct taxpayer identification numb not subject to backup withholding because: (a) I am exempt from bac rice (IRS) that I am subject to backup withholding as a result of a fallum onger subject to backup withholding; and	icup withholding, or (b) i h	nave not been no	otified by the	Internal	Reve	nue at I am	
3. I arr	a U.S. citizen or other U.S. person (defined below); and							
4. The	FATCA code(s) entered on this form (if any) indicating that I am exemp	ot from FATCA reporting is	s correct.					
you ha acquis other t	cation instructions. You must cross out Item 2 above if you have been no ve failed to report all interest and dividends on your tax return. For real est titon or abandonment of secured property, cancellation of debt, contribution han interest and dividends, you are not required to sign the certification, but	ate transactions, item 2 do ons to an individual retireme	es not apply. Fo ent arrangement	r mortgage in (IPA), and ge	terest pa nerally,	aid, payme	nts	
Sign Here	Signature of U.S. person > Cathy Half	Date	or 4	11/21				
Ger	neral Instructions	 Form 1099-DIV (divide funds) 	ends, including	those from s	tocks o	mutu	al	
Section noted.	n references are to the Internal Revenue Code unless otherwise	Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)						
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted	Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)						
	ney were published, go to www.irs.gov/FormW9.	• Form 1099-S (proceed			•		1	
_	pose of Form	• Form 1099-K (mercha						
Inform	ividual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct texpayer loation number (TIN) which may be your social security number	• Form 1098 (home mod 1098-T (tultion)		, 1096-E (SW	BOI JABC	u iutei	est,	
	Individual taxpayer Identification number (ITIN), adoption	• Form 1099-C (cancele						
texpay	er identification number (ATIN), or employer identification number	• Form 1099-A (acquisit						
amour	to report on an information return the amount paid to you, or other it reportable on an information return. Examples of information	Use Form W-9 only If alien), to provide your o	correct TIN.					
	s include, but are not limited to, the following. n 1099-INT (interest earned or paid)	If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.						

9 4		

7510 F1/page 1 of 3

MARION COUNTY BOARD OF EDUCATION FACILITY USE/RENTAL AGREEMENT

This a	greement dated the 16 day of September , 2022	, by and	betwee	n the
Marion	County Board of Education (hereafter known as	MCBOE)	and	the
Fo	Lieview Community Band (hereafter known as Organ	nization).		
	1	·		
WHER	EAS, the Marion County Board of Education is the owner and manager of a	certain facilit	v know	n ae
	zirview Middle School	· · · · · · · · · · · · · · · · · · ·	, 11.1011	
NOW.	THEREFORE, in consideration of the mutual promises and covenant herein provide	that the MCE	OF and	4 tha
	zation agree that:	and the MOE	OC and	ı ule
l.	Organization Name Fairview Community Band			
••	- Samuel - S	-		
11.	Contact Name Deborah L. Wilson			
***		-		
III.	Address POBOX 106 Fairview WV 26570			
••••		-		50.
√ .	Phone Number (304) 449-1482			
• •		•		
V.	The MCBOE covenants and agrees that it shall, from Not 1	107.2		
	through No. 20 2023	<u> 2022 </u>		
	tair v kus Community Band	available	to	the
	N. 1stanus d			the
		the purp		of
		o the Organiza	ition's g	roup
	exclusively. The MCBOE reserves the right to eliminate any of the above days that there	e is no school a	nd/or sp	ecial
	programs occurring in said facility. The MCBOE will provide a schedule to the Organifacility will not be available.	ization with tho	se dates	the -
	Tooms will not be available.			
VI.	Is the planned activity a new passive value of the planned activity and passive value of the planned activity activity and passive value of the planned activity activity and passive value of the planned activity activit			
¥1.	Is the planned activity a non-profit making venture?Y ES			
	Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-makin-	* ******		
	- ,	y urganizations.		
	July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organi	zations or Individua	als to utiliz	e
				_

public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible...unless such ventures

would not have a community purpose.

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

19-2256

	FEIN Number (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)							
VIII.	Organization covenants and agrees that the scheduling of its events utilizing the Fairciew Middle School as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.							
IX.	Organization agrees to a facility use fee of \$ NA per wared in addition to a \$							
	(Additional fees may apply depending on facility) \$ www.job for							
X .,	Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.							
	Information: (minimum of \$1,000,000 liability required by MCBOE)							
	Insurance Company: Acord							
	Policy Number M RPG 000 00000 19600							

XI.	Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:							
	A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.							
	B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.							
XII.	Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.							
XIII.	Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.							

XIV.	MCBOE shall inspect Fairne Middle School damages occurred as a direct result of Organization's usage.	_ after Organization's usage to ensure that no
XV.	Organization will receive one key to be used by signer and assigns others. If the key is used by others or during non-scheduled time terminated.	
XVI.		, until the May 31 2023 day of ys written notice to the other may, with impunity, his agreement constitutes the entire agreement all or otherwise, which modifies or affects this
Princip	sentative of Organization all or Designer istrative Assistant of Maintenance, Facilities and Athletics	9-16-22 Date 11 1 27 Date //-8-27 Date
Superin	nlendent	Date
Board	President	Date
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2/23/15 8/12/21 11/30/21 3/3/22 07/28/22

Fayrrien Band - 2256

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and activities.

The purchasing group may not be subject to all the insurance laws and regulations of the State of Texas.

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Form W-9 (Rev. October 2007) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

19-2256 Give form to the requester. Do not

send to the IRS.

	Name (as shown on your income lax return)	1000000						
6	Kerneth Kyle							
page	Business pame, if different from above							
6	Fairview Community Band							
a E	Check appropriate box: Individual/Sole proprietor Corporation Partnership		Connect					
2 5	Umited liability company. Enter the tax classification (D=disregarded entity, C∈corporation, P=partnership) ►							
ō Ž	Other (see instructions) ► NON 1099 VENDOR - PLEASE DO REPORT AS INCOME							
Print : Inst	Address (number, street, and apt. or suite no.)	's name and a	ddress (optional)					
Print or type Specific Instructions	1548 Pensylvania Ave							
ĠĊ.	City, state, and ZIP code							
	Fairment W 26554							
See	List account number(s) Here (optional)							
0)								
Par	Taxpayer Identification Number (TIN)							
Enter	your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid	Social secu	rity number					
	p withholding. For individuals, this is your social security number (SSN). However, for a resident							
	sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.		OF					
•	If the account is in more than one name, see the chart on page 4 for guidelines on whose	Employer id	lentification number					
	er to enter.	55 0	1227158					
Par	II Certification	00 1	777700					
Under	penalties of perjury, I certify that:							
	ne number shown on this form is my correct taxpayer identification number (or I am waiting for a number shown on this form is my correct taxpayer identification number (or I am waiting for a number shown on this form is my correct taxpayer identification number (or I am waiting for a number shown on this form is my correct taxpayer identification number (or I am waiting for a number shown on this form is my correct taxpayer identification number (or I am waiting for a number shown on this form is my correct taxpayer identification number (or I am waiting for a number shown on this form is my correct taxpayer identification number (or I am waiting for a number shown on this form is my correct taxpayer identification number (or I am waiting for a number shown on this form is my correct taxpayer identification number (or I am waiting for a number shown on this form is my correct taxpayer identification number (or I am waiting for a number shown on this form is my correct taxpayer identification number (or I am waiting for a number shown on this form is my correct taxpayer identification number (or I am waiting for a number shown on this form is my correct taxpayer identification number shown on the correct taxpayer identification number shown on taxpayer identification number shown on ta number shown on taxpayer identification number shown on taxpayer	nher to be le	has fem at hous					
	im not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have							

- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions, You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person > gameth &	1
--------------	-------------------------------------	---

Date > 11-16-22

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TfN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

• The U.S. owner of a disregarded entity and not the entity.

All field trips requiring Board approval mus least one week prior to the trip. All complete Please submit one field trip form per bus n

Marion County Board of Education Field Trip Request Form

19-2257

All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sighn and forward to county office for approval. Please submit one field trip form per bus needed. Sub Needed Chaperone(s) Sub Needed Destination Purpose of activity Bask **Number of School Days Lost Approximate Cost Transportation Information** 2:00 am/pm Approximate time to return_ 3:00 Type of Transportation **Private Auto** Commercial Carrier List Carrier ____ **Marion County School Bus** Number ____ Driver___ Is School to pay driver? Yes Approval (granted / denied) Principal Approval (granted Ddenied) County Office Approval (granted / denied) Transportation JENOIGHT **Driver's Trip Report** Bus Number _____ Bus Capacity _____ Total Number Transported _____ Destination _ Date of Trip _____ Day of Week _ Times: □ Day One Day Two Pre-Trip _____ am / pm ____ am / pm Bus available to load ___ am / pm ____ am / pm **Departure Time** _____ am / pm ____ am / pm **Return Time** _ am / pm _____ am / pm Completion of bus cleanup __ am / pm _____ am / pm Sponsor/Chaperone (Verify all times) **Driver Signature** Mileage **Fuel**

tb/2017

White - Accounting

Yellow - Transportation Office

Pink – Driver

Gold - Driver

Marion County Board of Education Field Trip Request Form All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sighn and forward to county office for approval. Please submit one field trip form per bus needed. Number to be transported Approximate Cost \$2,100 Source of Funding Front by (**Transportation Information** Time bus to be loaded Approximate time to return Type of Transportation Private Auto Commercial Carrier **Marion County School Bus** Is School to pay driver? __ Yes Approval (granted / denied) Principal Approval (granted) / denied) **County Office** Approval (granted / denied) **Transportation Driver's Trip Report** Bus Capacity _____ Bus Number __ Total Number Transported

Destinat	ion		Date of Trip	Day of Week	
Times:		Day One	□ Day Two		
	Pre-Trip	am / pm	am / pm		
	Bus available to load	am / pm	am / pm		
	Departure Time	am / pm	am / pm		
	Return Time	am / pm	am / pm		
	Completion of bus cleanup	am / pm	am / pm		

Sponsor/Chaperone

(Verify all times)

Driver Signature

Mileage

Fuel



NMHS Football Semi-Final Game Itinerary

Friday November 25, 2022

- 11:00 AM Team Departs NMHS to travel to Independence High School in Coal City, WV
- 12:30 PM Lunch in Summersville, WV
- 2:00 PM View New River Gorge Park
- 4:30 PM Arrive at Independence High School
- 7:30 PM Kickoff
- 10:30 PM Depart Independence High School
- 1:30 AM Arrive at North Marion High School

1 NORTH MARION DRIVE – FARMINGTON – WV 26571 PHONE 304 986-3063 FAX 304-986-3086 Kristin DeVaul, Principal

Jared Mileto, Assistant Principal; Lisa Henline, Assistant Principal
Partners in Education:

Alasky's Inc., Mountaineer Florist, First Exchange Bank of Mannington, Joe Romeo's I-79 Honda/Mazda, Jostens', Pepsi Bottling Group, Wholesale Carpet Outlet





Amendment to the Professional Services Agreement

PROJECT: (name and address						
East Dale Elementary School						
57 East Dale Road						
Fairmont, WV 26554						

AGREEMENT INFORMATION:

Date: 6/22/21

AMENDMENT INFORMATION:

Amendment Number: 001

Date: 11/8/22

OWNER: (name and address)
Marion County Schools
1516 Mary Lou Retton Drive
Fairmont, WV 26554

ARCHITECT: (name and address)
Omni Associates-Architects, Inc
207 Jefferson Street
Fairmont, WV 26554.

The Owner and Architect amend the Agreement as follows: Over-excavation soils testing. See attached backup.

The Architect's compensation and schedule shall be adjusted as follows:

Compensation Adjustment: \$15,175.78

Schedule Adjustment: None

SIGNATURES:

Omni Associates-Architects, Inc.

ARCHITECT (Firm name)

SIGNATURE

David E. Snider Principal, Project

Architect

PRINTED NAME AND TITLE

11/8/22

DATE

Marion County Schools

OWNER (Firm name)

SIGNATURE

PRINTED NAME AND TITLE

DATE



AUTHORIZATION FOR ADDITIONAL SERVICES

Client Name:	Omni Associates	Contact:	David Snider
Address:	207 Jefferson Street	Client Phone:	304-367-1417
	Fairmont WV, 26554	Client Fax:	304-367-1418
		Client Email:	dsnider@omniassociates.com
Date:	9/26/2022		
Request No.:	7	CEC Project M	anager: David Foster
CEC Project:	302-477		
Project Name:	East Dale Elementary		
Location:	Fairmont, WV		
Proposed Scop	e of Services:		
-			
Testing Services	s for Building Foundations and Canopy Fou	indations:	
	nt @ \$96 an hour er @ \$119 an hour		
	ingineer Office Support @ \$209 an hour		
Field Vehicle	•		
Nuclear Densit	y Gauge \$35 a day		
h	bearing tests for foundation and canopy Field Reports for documentation.	footings, provid	led engineering office support and
Reason(s) for A	Additional Services and Impacts to Sched	ule:	
Omni Requested	d CEC to perform testing services. No Impa	ct to Schedule.	
	a case to perform tooming out vices. No ampu		
	6110		
CEC Principal	Signature: Law	hala hija aja aliminin mana kananan mana	Additional Fee: \$15,175.78
	signature below authorizing CEC to proceed with under the Terms and Conditions of our initial Agree		
Client Authoriz	zed Signature:		Date:

Unbilled Detail Thursday, March 31, 2022 1:42:10 AM Civil & Environmental Consultants, Inc. As of 3/26/2022 Billing Status Labor Code Employee/ Reference Date Description Hours/ Units Billing Billing /Account Rate **Amount**

Project Number: 302-477 East Dale Elementary

Task Nu	mber: 7000 Te	sting					
Labo	or:						
В	2/28/2022	34	002318	Foster, David	.75	119.65	89.74
	PM						
В	3/1/2022	34	002318	Foster, David	.50	119.65	59.83
	DFR Review						
В	3/2/2022	34	002318	Foster, David	.50	119.65	59.83
	DFR Review						
В	3/4/2022	34	002318	Foster, David	.50	119.65	59.83
	DFR Review						
В	3/7/2022	34	002318	Foster, David	.50	119.65	59.83
	DFR						
В	3/8/2022	34	002318	Foster, David	.50	119.65	59.83
	DFR						
В	3/11/2022	34	002318	Foster, David	.50	119.65	59.83
	DFR						
В	3/14/2022	34	002318	Foster, David	.50	119.65	59.83
_	DFR						
В	3/15/2022	34	002318	Foster, David	.50	119.65	59.83
_	DFR						
В	3/17/2022	34	002318	Foster, David	.50	119.65	59.83
_	DFR		_				
8	3/22/2022	34	002318	Foster, David	.50	119.65	59.83
	DFR	•					
В	3/23/2022	34	002318	Foster, David	.50	119.65	59.83
В	DFR	ne	000774	Northern Asia A			
Ь	2/28/2022	06	003771	Neehouse, Jared	10.50	96.00	1,008.00
В	3/1/2022	apacity inspection/testi 06	-				
В		***	003771	Neehouse, Jared	9.00	96.00	864.00
В	3/2/2022	apacity inspection/testi 06	ng - DFK Writing 003771				
В				Neehouse, Jared	11.00	96.00	1,056.00
В	3/3/2022	apacity inspection/testi 06	ng; stone compa 003771	ction testing - DFR writing for David.	40.00		
3				Neehouse, Jared	10.50	96.00	1,008.00
	atone compac	tion testing - DFR writi	ng for David.				

	1974
1000	
-	

Unbilled Detail					hursday, Marc		•
Billing Status	Date	Labor Code /Account	Employee/ Reference	Description	Hours/ Units	Billing Rate	Billing Amount
В	3/7/2022	06	003771	Neehouse, Jared	4.50	96.00	432.00
	•	'	ction; report writing f				
В	3/8/2022	06	003771	Neehouse, Jared	5.50	96.00	528.00
			pection/testing; repo	rt writing.			
В	3/9/2022	06	003771	Neehouse, Jared	.50	96.00	48.00
	_		erial information for				
В	3/10/2022	06	003771	Neehouse, Jared	11.00	96.00	1,056.00
		=	ng capacity testing; in				
В	3/11/2022	06	003771	Neehouse, Jared	4.00	96.00	384.00
	Report writing	ng for David.					
В	3/14/2022	06	003771	Neehouse, Jared	7.25	96.00	696.00
	Soil testing/i	nspection; stone cor	npaction; report writ	ng.			
В	3/15/2022	06	003771	Neehouse, Jared	3.50	96.00	336.00
		nspection; stone cor	npaction; report writ	ing.			
В	3/16/2022	06	003771	Neehouse, Jared	11.00	96.00	1,056.00
	Soil testing/i	nspection; stone cor	mpaction; report writ	ing.			
8	3/21/2022	06	003771	Neehouse, Jared	11.50	96.00	1,104.00
	Soil inspection	on/testing; bearing o	apacity testing; stone	e compaction testing; report writing for David.			
В	3/22/2022	06	003771	Neehouse, Jared	10.00	96.00	960.00
	Solf inspection	on/testing; bearing o	apacity testing; stone	e compaction testing; report writing for David.			1.2
В	3/23/2022	06	003771	Neehouse, Jared	3.00	96.00	288.00
	Report writing	ng; storing testing e	quipment for David.				
				Total Billable Lab	or 119.00		11,571.87
				Total Lab	or 119.00		11,571.87
Unit	s:						
В	3/2/2022	NUCD-35	000000000282	Stone compaction testing B:8.0 Days @ 35.00	8.00	35.00	280,00
В	3/3/2022	NUCD-35	000000000282	Stone compaction testing B:7.5 Days @ 35.00	7.50	35.00	262.50
В	2/28/2022	VEHD85		V00-117 JN B:4.0 Days @ 85.00	4.00	85.00	340.00
В	3/15/2022	NUCD-35	000000001502	Soil testing/inspection; stone compaction; report writing. B:0 Day @ 35.00	1.00	35.00	35.00
В	3/16/2022	NUCD-35	000000001502	Soil testing/inspection; stone compaction, report writing. B:.0 Day @ 35.00	1.00	35.00	35.00
8	3/21/2022	NUCD-35	000000002166	Soil inspection/testing; bearing capacity testing; stone compaction testing; rep B:.0 Day @ 35.00	1.00	35.00	35.00
8	3/22/2022	NUCD-35	000000002166	Soll inspection/testing; bearing capacity testing; stone compaction testing; rep B:.0 Day @ 35.00	1.00	35.00	35.00
В	3/21/2022	VEHD85	000000002497	V00-117 JN B:2.0 Days @ 85.00	2.00	85.00	170.00
				Total Billable Un	its 25.50		1,192.50
				Total Un	its 25.50		1,192.50
				Total for 70	00 144.50		12,764.37
Task Nu	ımber: AW00	All Work					
Unit	s:						
В	3/7/2022	VEHD85	000000001891	V00-117 JN B:4.0 Days @ 85.00	4.00	85.00	340.00
	_			Total Billable Un			340.00
				Total Un			340.00
				Total for 302-4			13,852.88
				1000101000			.0,000.0

Unbilled Detail Thursday, July 21, 2022 1:12:25 AM Civil & Environmental Consultants, Inc. As of 7/16/2022 Billing Date **Labor Code** Employee/ Description Hours/ Billing Billing Status /Account Reference Units Rate **Amount** Project Number: 302-477 East Dale Elementary Task Number: 7000 Testing Labor: В 7/14/2022 002318 Foster, David .50 128.55 64.28 **DFR Review** 8 7/13/2022 06 003771 Neehouse, Jared 7.00 102.86 720.02 Bearing capacity testing; inspection; report writing. ₿ 7/14/2022 003771 Neehouse, Jared 7.75 102.86 797.17 Stone compaction testing; inspection; report writing. **Total Billable Labor** 15.25 1,581.47 **Total Labor** 15.25 1,581.47 Units: В 7/14/2022 **NUCD-35** 00000002395 Stone compaction testing. B:.0 Day @ 35.00 1.00 35.00 35.00 В 7/13/2022 VEHD85 000000002716 V00-160 JN B:2.0 Days @ 85.00 2.00 85.00 170.00 В 7/13/2022 000000002806 V00-160-FSUR B:2.0 Days @ 15.00 **FUELSUR** 2.00 15.00 30.00 **Total Billable Units** 5.00 235.00 **Total Units** 5.00 235.00

Total for 7000

Total for 302-477

20.25

20.25

1,816.47

1,816.47

19-225 S Thursday, June 9, 2022

Unbilled Detail

1.3 - 1

12:03:48 PM

Civil & E	nvironmental Co	ensultants, Inc.		As of 5/21/2022			
Billing Status	Date	Labor Code /Account	Employee/ Reference	Description	Hours/ Units	Billing Rate	Billing Amount
Project 1	Number: 302-47	7 East Dale Eleme	ntary	· · · · · · · · · · · · · · · · · · ·			
Task N	umber: 7000 To	esting					
Uni	its:						
Н	3/14/2022	VEHD85	000000002098	V00-117 JN B:3.0 Days @ 85.00	3,00	85.00	255.00
				Total Held Units	3.00		255.00
				Total Units	3.00		255.00

Total for Testing Services \$15,175.78

MARION COUNTY BOARD OF EDUCATION FACILITY USE/RENTAL AGREEMENT

This ag	greement dated theday of
Marion	
	(Horoartes Known as Organization).
	EAS, the Marion County Board of Education is the owner and manager of a certain facility known as nongah Middle School Gymnasium.
NOW,	THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the
	zation agree that:
I,	Organization Name Marion County Youth Backetsell
II.	Contact Name Andrew Schwartz
HI.	Address 1448 Plum Run Rd Mannington WV 26582
Î.	Phone Number 304-694-3103
V.	The MCBOE covenants and agrees that it shall, from
	through $\frac{3/15/23}{}$, make available to the
	Marion County Youth Baskelball the
	Monongel Middle School Gyro for the purpose of
	Baskle Ha // Practice / Carnes The activities herein described pertain to the Organization's group
	exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special
	programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
	lacinty will not be available.
VI.	Is the planned activity a non-profit making venture?
	Criteria 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations

July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible...unless such ventures would not have a community purpose.

VII.	Organization agrees to assure that said Organization is a Not-For-Profit entity.								
	FEIN Number 8 1-4065 -688 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)								
VIII.	Organization covenants and agrees that the scheduling of its events utilizing the Monorph Modele Gyman as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.								
IX.	Organization agrees to a facility use fee of \$ MA per MA in addition to a \$ MA custodial fee per WAITE Coddit Fee								
	(Additional fees may apply depending on facility) \$ for								
X.	Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.								
	Information: (minimum of \$1,000,000 liability required by MCBOE) Insurance Company: Nation Wide Insurance Co. Policy Number 68 RP6000000 7482100								

XI.	Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in								
	connection with the following:								
	A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.								
	B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.								
XII.	Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and								
	agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.								
XIII.	Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, S								

municipal authorities including but not limited to all safety regulations and health department rules and regulations.

19-2260

MCBOE shall inspect Monagah Middle School Gym after Organization's usage to ensure that no XIV. damages occurred as a direct result of Organization's usage. XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in XVI. force and effect from 12/6/22 _____, until the ______/5 _____; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns. 1//29/22 Date 1//30/21 Representative of Organization Principal or Designee dministrative Assistant of Maintenance, Facilities and Athletics Date Superintendent Date **Board President** Date

8/26/08 2/23/15 8/12/21 11/30/21 3/3/22 07/28/22



CERTIFICATE OF LIABILITY INSURANCE

CEI THI OR	CTUP S CI PRO	ICATE ERTIFI DDUCE	DOES CATE IR, AN	OF IN OF IN	FAFFIRMATN ISURANCE D E CERTIFICA	/ELY OES I TE HO	OR N NOT C OLDE	OF INFORMATR EGATIVELY AM CONSTITUTE A C R.	END, EX CONTRA	TEND OR ALT CT BETWEEN	THE ISSUING	ERAGE AFFO INSURER(S),	RDED BY AUTHORI	THE POLI ZED REPI	CIES BELOW. RESENTATIVE
SUI	RO	GATIC ete doc	N IS N	NAIV	ED, subject to	o the	terms	rional insure and conditions holder in lieu o	s of the	policy, certain ndorsement(s)	policies may	require an e	ndorsemer	ions or be nt. A stat	endorsed, if ement on this
PRO	buci	ER								CONTACT NAME	Mass Mercha	andising Under			
		urance								PHONE (A/C, No, Ext):	1-800-426-2	389	(A/C, No):	1-260-45	9-5105
Fort	2 Ma Wa	agnavo yne IN	x Way 46804							ADDRESS; PRODUCER CUSTOMER ID:	info@sportsi	nsurance-kk.co			
										CUSTOMER ID:					
_		-										FFORDING COVER			NAIC#
INSU		nh.	V	Doole						INSURER A:	Nationwide N	futual Insuranc	e Company	/	23787
		County arion C			h/6th Grades					INSURER B:					
109	Gle	nwood	St							INSURER C:					
		t, WV								INSURER D:					
A M	emo	et of fi	ie Spo	rts, Le	eisure & Entert	ainme	ent KF	G		MSURER E:					
_							_			INSURER F:				-	
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NOT ISSU SUC	WITH	HSTANI OR MA	DING A	NY RI	EQUIREMENT, THE INSURANC	TERM E AFF BEEN	OR CO ORDE RED	CE LISTED BELOW CONDITION OF ANY D BY THE POLICIE UCED BY PAID CLA	CONTRA ES DESCA AJMS.	ACT OR OTHER	DOCUMENT W	ITH RESPECT T	O WHICH TO S, EXCLUSION	HIS CERTII ONS AND C	FICATE MAY BE
NSR LTR		1	YPE OF	MSUR	ANCE	NSD	SUBR	POLICE NUM		(MIMOD/YYYYY)	(MM/DD/YYYY)		LIM	IIIS	
A	Х			GENER	VAL LIABILITY	X		68RPG0000007	788000	11/06/2022 12:01 AM EDT	11/06/2023 12:01 AM	EACH OCCURRE			\$1,000,000
		Q W	AIMS- NDE	Х	OCCUR					12.01 AW EU1	12.01 AW	DAMAGE TO REN PREMISES (E. O.	TED commence)		\$1,000,000
												MED EXP (Any on	s person)		\$5,000
		1								i i		PERSONAL & AD	/ INJURY		\$1,000,000
												GENERAL AGGRI	GATE		\$5,000,000
	Œ	YL AGGF	REGATE	LIMIT /	APPLIES PER:							PRODUCTS - CO	MP/OP AGG		\$1,000,000
		POLICY		PRO- ECT	roc					i	•	PROFESSIONAL	JABILITY		\$1,000,000
Α	ALI	OTHER						6BRPG0000007	788000	11/06/2022	11/06/2023	LEGAL LIAS TO P			\$1,000,000 \$1,000,000
~	AVI	1		BIT				00/12 0000000		12:01 AM EDT	12:01 AM	(Ea accident) BOOILY BUURY (F			\$1,000,000
		ANY AU	AUTOS		SCHEDULED					[BODILY INJURY (I			
	<u>.</u>	ONLY			ALITOS					}		PROPERTY DAM			
	X	AUTOS		X						<u> </u>		(Per accident)			
	X				E IN HAWAII	-						EACH OCCURRE	MCE.		
	<u> </u>		LLALIA	•⊢	OCCUR								WE.		
		EXCES			CLAIMS-MADE							AGGREGATE		 	
	1000	DED		TENTK		4114						IPER	Ten		
		RKERS (PLOYER				N/A						STATUTE	OTHER		
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	l _											EXCESS MEDICA	L .		\$100,000
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Fair	mor	nt, WV	26554							DANCE WITH		PROVISIONS.	1000		
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Con	erer.	e is only	entervi	led to	U.S. events and	activiti	es .								
** N	OTK	E TO T	EYAC	NCI II	EDC: The lease	er for t	ha nu	chasing group may	not be sub	riect to all the insu	irance laws and	regulations of the	State of Tex	CBS.	

ACORD 25 (2016/03)

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Form W-9

(Rev. October 2018) Department of the Treesury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the iRS.

IN POSITION	Name (as shown on your income tax return). Name is required on this line; di	process and the late	et infor	matic	n.					10.00	,		
İ	2 Business name/disregarded entity name, if different from above												
ಣ	Marion County Youth Ba	sket Sall											
page	3 Check appropriate box for federal tax cladelfication of the person whose nan following seven boxes.	the	4 Exemptions (codes apply only to certain entities, not individuals; see				to						
2								a, not i III Dage	ndivida 30:	als; e	00		
8	Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Pertnerahip ☐ Trust/estate single-member ☐ C												
Print or type. Ic Instructions	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) >								Exempt payee code (if erry)				
2 5	Note: Check the corporate how in the line shows for the tay classification	e of the shorts ————		- 14 - 1	_								
1 2	LLU II UTB LLLU III COMMUNIC AN A MICHIGANIAN PART 1 I I': That is distance relactive	an the summer colors that					ption fro	m FAT	CA rep	orting	1		
€ <u>2</u>	another LLC that is not disregarded from the owner for U.S. federal tax pries disregarded from the owner should check the appropriate box for the tr	urposes. Otherwise, a sing ex classification of its own	gle-memb ler.	M. ITC	that	COUR	(Aun)	·—					
P Specific	Other (see instructions) > No. Prut++		•		ŀ	Per	ID account	فيدانيه و	and outside	i de c	نه		
	5 Address (number, street, and apt, or suite no.) See instructions.		Reques	ter's n	me a	nd add	iresa (o _l	tional)			<u> </u>		
8	6 City, state, and ZIP code												
	Monning WV 26182												
	7 List account number(s) here (sotional)		<u> </u>			_							
	and managed variety following (observation)												
rag	Taxpayer Identification Number (TIN)												
Enter	our TIN in the appropriate box. The TIN provided must match the name	e alven on line 1 to ev	nid	Sock	d nee	unite n	umber				_		
Decku	P Withholding, For individuals, this is generally your encist security our	ther (SSM House &	or a		T	7		<u>1</u> [T				
entities	nt allen, sole proprietor, or disregarded entity, see the instructions for its, it is your employer identification number (EiN). If you do not have a n	Part I, later. For other			1	-] -	i				
TIN, later.						- 1		, F					
Note:	If the account is in more than one name, see the instructions for line 1. or <i>To Give the Requester</i> for guidelines on whose number to enter.	Also see What Name	and	Empl	oyer i	dontif	ication	numbe	•		ġ.		
14071104	or 10 days the haddester for guidelines on whose number to enter.			8	Π.				, [12			
Part	II Certification			8	<u>'I</u>	19	016	ᄓ	92	19			
100	penalties of perjury, I certify that:										_		
	number shown on this form is my correct taxpayer identification numb	ner for I am mailing for		4 6.									
Z. 2011	i 11UL BUDIEGI IO DECKUD WithIndiking because, (a) I am exempt from bec	da un uddhhaddina av Ad	A Brancon or			448-4	Acres and the		al Rev				
901	rice (IRS) that I am subject to backup withholding as a result of a failure onger subject to backup withholding; and	e to report all interest of	or divide	nds, a	r (c) 1	he IA	S has r	otified	i me ti	hat I	Em.		
	a U.S. citizen or other U.S. person (defined below); and												
	FATCA code(s) entered on this form (if any) indicating that I am exemp	of from EATCA reportion	a la com										
Certific	etion instructions. You must cross out item 2 above if you have been no	diffed by the ISS that w			ملطوره		haatilii.	-	-1-11		201		
TOUTING	TO REMOVE BY TREATHER THE PROPERTY OF THE PROP	STATIONESCTIONS How 7	does so		te Engl				1-4				
	tion or abandonment of secured property, cancellation of debt, contribution nan interest and dividends, you are not required to sign the certification, but	one to an inclividual anti-				ADAN .				ents			
Sign		or you must provide you	a correct	t Turk.	200 II	10 (1)(5)	ruction	1 10f P	art II, I	ater.			
Here	Signature of U.S. person >		Date >	11	be	/2.	,						
Ger	eral Instructions	• Form 1099-DIV (dir	vidende,	includ	ding t	hose	from st	ocks (or mut	uel	_		
Section noted.	n references are to the Internal Revenue Code unless otherwise	• Form 1099-MISC (various t	ypes	of inc	ome,	prizes,	awer	is, or	gross			
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted	Form 1099-B (stock transactions by broken)	k or mut	tual fu	nd sa	ilog ar	nd cert	ain oth	юг				
arter tr	ey were published, go to www.irs.gov/FormW9.	• Form 1099-\$ (proc	•	Min ra-	مامع ا	de tue	nearth	me)					
Purp	ose of Form	• Form 1099-K (men							nganti	DDe)			
An indi	vidual or entity (Form W-9 requester) who is required to file an	• Form 1098 (home r											
inform	ation return with the IRS must obtain your correct taxpayer cation number (TIN) which may be your social security number	1098-T (tuition)			SEC.	111	. ,						
(SSN),	Individual texpeyer identification number (ITIN), adoption	• Form 1099-C (cano					_						
taxpey	er identification number (ATIN), or employer identification number o report on an information return the amount paid to you, or other	• Form 1099-A (acqu											
amoun	t report on an information return the amount paid to you, or other t reportable on an information return. Examples of information i include, but are not limited to, the following.	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.											
	1099-INT (Interest earned or paid)	If you do not return Form W-9 to the requester with a TIN, you might be subject to beckup withholding. See What is backup withholding.											

Monongah Middle School

2022-2023

Custodial Fee Waiver

As a part of the facilities use agreement, this form will waive the custodial fee at Monongah Middle School. By signing this form, the organization assumes all custodial responsibilities to keep Monongah Middle School a safe and clean environment for its students. Failure to maintain these expectations may result in added custodial fees or termination of the facilities use agreement.

Representative of the Organization

Date

Principal

Date

11/29/22



7510 F1/page 1 of 3

MARION COUNTY BOARD OF EDUCATION FACILITY USE/RENTAL AGREEMENT

This	agreement dated theday of,, by
and	between the Marion County Board of Education (hereafter known as MCBOE) and the Changing da game (hereafter known as Organization).
	EREAS, the Marion County Board of Education is the owner and manager of a certain facility vn as
	V. THEREFORE, in consideration of the mutual promises and covenant herein provide that the BOE and the Organization agree that:
ŧ.	Organization Name Changing da Game
11.7	Contact Name
OL:	405 Highland Ave Fairmont WV 26554 Address
IV.	304-657-1977 Phone Number
V,	The MCBOE covenants and agrees that it shall, from Nov 14 2022
	make available to the old aym, new gym, Fieldhouse
	the Champing de game - Direttras for the purpose of
	teskelbal Sracelices . The activities herein described pertain to the
	Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above
	days that there is no school and/or special programs occurring in said facility. The MCBOE
	will provide a schedule to the Organization with those dates the facility will not be available
VI	Is the planned activity a non-profit making venture?
	Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.
	July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be ves. It is permissibleunless such ventures would not have a community purpose.

7510 F1/page 2 of 3

VII.	Organi	Organization agrees to assure that said Organization is a Not-For-Profit entity.								
	FEIN N	lumber (INCLUDE A VERIFICATION OF FEIN FROM THE IRS)								
VIII.	through	as provided for herein shall be coordinated with and the Organization, and said schedule will be provided to THE Administrative Assistant Internance, Facilities, and Athletics.								
IX	\$	custodial fee per in addition to a for								
X .		zation covenants and agrees they shall provide a minimum of \$1,000,000 liability and insurance for all events during the term of this agreement.								
	Insurar	Insurance Information: (minimum of \$1,000,000 liability required by MCBOE) Ince Company:								
XI.	agains	zation covenants and agrees that it shall save MCBOE harmless from and indemnify it tall liabilities, losses, claims, demands, costs, expenses, and judgments of any nature or alleged to rise from or in connection with the following:								
	A .:	Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.								
	В.	Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.								

XII.	Organization covenants and agrees that it shall be responsible for after usage and agrees to be responsible for any damages	-
	Organization's use of the facility.	
XIII.	Organization covenants and agrees that it shall comply with all law Federal, State, and municipal authorities including but not limited	
	health department rules and regulations.	
XIV.	MCBOE shall inspect	_ after Organization's usage ion's usage
XV.	Organization will receive one key to be used by signer and assign be made or used by others. If the key is used by others or during the state of the	ns only, with no duplicates to
	others, this contract will be immediately terminated.	
XVI.	The terms of this Agreement and all privileges, rights, obligated hereunder shall remain in force and effect from	, until however, either party upon the terminate this agreement titutes the entire agreement s, oral or otherwise, which
Repre	sentative of Organization	Date / 20/2
Princi	pal or Designee	Date
/	Inst 185 Fre	12-1-22
Admi	nistrative Assistant of Maintenance, Facilities and Athletics	Date
Supe	rintendent	Date
Board	d President	Date

8/26/08 2/23/15 8/12/21 11/30/21 3/3/22



CERTIFICATE OF LIABILITY INSURANCE

(MIN DD YYYY) 11/29/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804	,		lass Merchar				
		PHONE (A/C, No, Ext):	-800-426-288	9 (A'C, No) 1-260-45	9-5105		
Fort Wayne IN 46804		ERRAN	nfo@sportsins				
		PRODUCER					
		CUSTOMER ID	INSURERIS) AFE	ORDING COVERAGE	NAIC #		
SURED 2001518667 C	CP# 7937	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		Insurance Company	23787		
Changing da Game		INSURER B:					
DBA: Pirahnas		INSURER C:					
39 Pristine Ln		INSURER D:					
Fairmont, WV 26554 A Member of the Sports, Leisure & Entertainment F	RPG	INSURER E:			-		
	CERTIFICATE NUMB	INSURER F:		REVI	SION NUMBER:		
COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURAN NOTWITHSTANDING ANY REQUIREMENT, TERM OR C SSUED OR MAY PERTAIN, THE INSURANCE AFFORD SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REI	ED BY THE POLICIES DESC DUCED BY PAID CLAIMS.	RIBED HEREIN IS	SUBJECT TO	ALL THE TERMS. EXCLUSIONS AN			
TYPE OF INSURANCE ADDL SU		(MM/DO/YYYY)	POLICY EXP (MIN/DD/YYYY)	LIMITS			
A X COMMERCIAL GENERAL LIABILITY X	6BRPG0000007788000	11/14/22	11/14/23	EACH OCCURRENCE	\$1,000,000		
CLAIMS MADE X OCCUR		10:17 AM EDT	12.01 AM	PREMISES (Ea Occurrence)	\$1,000,000		
COMP TABLE X				MED EXP (Any one person)	\$5,000		
				PERSONAL & ADV INJURY	\$1,000,000		
				GENERAL AGGREGATE	\$5,000.000		
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP OP AGG	\$1,000,000		
POLICY PROJECT LOC				PROFESSIONAL LIABILITY	\$1,000,000		
OTHER:				LEGAL LIAB TO PARTICIPANTS	\$1,000.000		
	6BRPG0000007788000	00 11/14/22	11/14/23	COMBINED SINGLE LIMIT (Ea	\$1,000.000		
A AUTOMOBILE LIABILITY	BBNPG000007700000	10 17 AM EDT	12.01 AM	acodent)	U 110001001		
ANY AUTO				BODILY INJURY (Per person)			
OWNED SCHEDULED AUTOS				PROPERTY DAVAGE			
X HIRED X NON-OWNED AUTOS ONLY				(Per accident)			
Not provided while in Hawaii	7000						
UMBRELLA OCCUB				EACH OCCURRENCE			
EXCESS LIAB GLAIMS-MADE				AGGREGATE			
DED RETENTION							
WORKERS COMPENSATION N/A				PER STATUTE OTHER			
AND EMPLOYERS' LIABILITY				E.L. EACH ACCIDENT			
ANY PROPRIETOR PARTNER Y/N EXECUTIVE OFFICER MEMBER				EL DISEASE - EA EMPLOYEE			
EVECOLIAT OLI IGELIATE				EL DISEASE - POLICY LIMIT	C 4-77-,		
EXCLUDED? (Mandatory In NH)		444400	11/14/23	PRIMARY MEDICAL			
EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below							
EXCLUDED? (Mandatory in NH)	6BRPG000000778800	00 11/14/22 10:17 AM EDT		EXCESS MEDICAL	\$25.00		

Coverage is only extended to U.S. events and activities.

"NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas The ACORD name and logo are registered marks of ACORD

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED **PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

Marion County Board of Education 1516 Mary Lou Retton Drive Fairmont, WV 26554

Named Insured: Changing da Game

DBA: Pirahnas

CP# 7937

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who is An insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury". "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - 1. In the performance of your ongoing operations; or
 - In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



CHANGINDAGAME C-O COREY HINES 495 HIGHLAND AVE FAIRMONT, WV 26554

01/04/2022 Employer ID number 86-3871937 Person to contact: Name Customer Service ID number 31954 Telephone (877) 829-5500 Accounting period ending May 31 Public charity status: 509(a)(2) Form 900 / 990 EZ / 990-N required: Effective date of exemption: May 17, 2021 Contribution deductibility Addendum applies: No DLN 26053635008491

Date

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-FZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter

For important information about your responsibilities as a tax-exempt organization, go to www irs.gov charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements

Sincerely,

stephen a maxim

Stephen A : Martin

Director: Exempt Organizations Rulings and Agreements

Letter 947 (Rev. 2-2020)

Caralog Number 35152P

19-2261

MARION COUNTY BOARD OF EDUCATION FACILITY USE/RENTAL AGREEMENT

This a	igreement dated the1thday ofNovember,2022_, by and between the
Marior	n County Board of Education (hereafter known as MCBOE) and the
-	Barrackville Lians Club (hereafter known as Organization).
WHER	REAS, the Marion County Board of Education is the owner and manager of a certain facility known as
-Ba	rrackville Elementary : Middle School.
	A = 87
NOW,	THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the
Organ	ization agree that:
l.	Organization Name D
•	Organization Name Barrack Ville, Lions Club
II.	Contact Name Sharon Gumo
	- ALL ON CAMP
Щ.	Address P.O. Box 459 Barrackville WV 26559
_	88 9.59 10 1 FF428 12 LA
J.	Phone Number 304 - 288 - 9845 (c) 304 - 363 - 2353 (14)
.,	T
V.	The MCBOE covenants and agrees that it shall, from December 3, 2022 through Dec 3, 2022.
	Thake available to the
	Barrackville Lions Club
(Christmas In Our Town Parade. The activities herein described pertain to the Organization's group
d off	exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special
ents.	programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the
	facility will not be available.
VI.	Is the planned activity a non-profit making venture?
	Critoria: 400P Attempts Con 444 (4004) Provident
	Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.
	July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize
	public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissibleunless such ventures

111

would not have a community purpose.

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

XIII.

751951/page 20f3

FEIN Number 35-6028595	(Include a copy of your W-9 Request for Taxpayer Identification
Number & Certificate)	

	Number & Certificate)
VIII.	Organization covenants and agrees that the scheduling of its events utilizing the Gymnasium as provided for herein shall be coordinated with and through the Organization and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.
IX.	Organization agrees to a facility use fee of \$ per in addition to a \$ (Additional fees may apply depending on facility) \$ for
X.	Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.
	Information: (minimum of \$1,000,000 liability required by MCBOE) Insurance Company: Accord / Dsp. Frisurance Service Tuc. Policy Number HD0947352241

XI.	Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or inconnection with the following:
	A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premise or any adjoining property arising from or connected with the premises during the term of this agreement.
	B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.
XII.	Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.

XIV.	MCBOE shall inspect Barrackville School	after Organization's usage to ensure that	3
200	damages occurred as a direct result of Organization's usage.		
ै		19-226	5
XV.	Organization will receive one key to be used by signer and assign	gns only, with no duplicates to be made or used l	by
	others. If the key is used by others or during non-scheduled terminated.	times by others, this contract will be immediate	łу
XVI.	The terms of this Agreement and all privileges, rights, obligation force and effect from <u>December 2, 2022</u>	until the 3 v d day	of
	December, 2012 however, either party upon thirty (30)	days written notice to the other may, with impunit	y,
	terminate this agreement immediately for any reason whatsoever	 This agreement constitutes the entire agreeme 	nt
	existing between the parties. There are no other agreements,	, oral or otherwise, which modifies or affects th	nis
	agreement. The AGREEMENT and all terms and provisions	herein shall extend to and be binding on the	air.
	successors and assigns.		/ 11
	Pr 12 /		
	haron & Dump	11-14-22	
Repres	sentative of Organization	Date	
	icki Boenbard	11-14-22	
Principa	al or Designee	Date	
dmini	strative Assistant of Maintenance, Facilities and Athletics	Date	
Superir	ntendent	Date	
Board i	President	Date	

8/26/08 2/23/15 8/12/21 11/30/21 3/3/22 07/28/22

(Rev. October 2018)
Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not

	1 Name (as shown on your income tay makes) Marse to work the state of	structions and the late	st information.			
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.					
	2 Business name/disregarded entity name, if different from above					
	Reasons Dettle 1 . Al. 1			· · · · · · · · · · · · · · · · · · ·		
	& Shoot assessment to a second					
Print or type.	Check appropriate box for federal tax classification of the person whose refollowing seven boxes.	ame is entered on line 1. Ch	eck only one of the	4 Exemptions (codes apply only to		
9	I Indicate colored accordance in the Community of the contraction of t			certain entities, not individuals; see Instructions on page 3):		
. 9	Individual/sole proprietor or Corporation Scorporation Scorporation	n L. Partnership	Trust/estate			
or type	Jambad Babilib, communication of the state o			Exempt payee code (if any)		
X 2	Li Carriero habitity company. Enter the tax classification (CeC corporation,	Limited flability company. Enter the tax classification (CeC corporation, SeS corporation, PePertnership) Note: Check the appropriate box in the line above for the tax classification of the single-member currer. Do not check				
¥ #	LLC if the LLC is classified as a single-member LLC that is disregarded	Exemption from FATCA reporting				
Print o bash	another LLC that is not disregarded from the owner for U.S. federal tax	code (if any)				
돌	is disregarded from the owner should check the appropriate box for the	- W				
8	5 Address (number, street, and apt. or suite no.) See instructions.	S. Address Association of the Control of the Contro				
88	P.A BAY 41a		Hednesser,a uswe s	nd address (optional)		
v	6 City, state, and ZIP code					
	Barrayville WY 26559					
	7 List account number(s) here (options)					
Pai	Taxpayer Identification Number (TIN)					
Enter	your TIN in the appropriate box. The TIN provided must match the no	ma given on line 4 to	tal Paolata			
	ili wini kinjumbi. Tor kinjiyatinini, iliki da danarniki uzan ezzini zazateka	maker MODAN Alexander	10	arity number		
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TIN,	s, it is your employer identification number (EIN), if you do not have a ster.	number, see How to get		┛┡┈ <u>╀┈</u> ┦┈┞┈ <u>┦┈┞┈</u> ┞		
Note:	If the account is in more than one name, see the instructions for line	I. Also san ilihat Nama a	Or Employees	day and the same of the same o		
Numt	er To Give the Requester for guidelines on whose number to enter.	1490 600 141101 HENTIN S	AIO CHIPONE	dentification number		
			55 -	111119000		
Par	III Certification		121-1	190210717		
Unde	penalties of perjury, I certify that:					
1. The	number shown on this form is my correct taxpayer identification num	her for I am walting the -	mumber to be for			
	vice (IRS) that I am subject to backup withholding as a result of a failu onger subject to backup withholding; and	re to report all interest or	dividends, or (c) ti	he IRS has notified me that I am		
	n a U.S. citizen or other U.S. person (defined below); and					
t. The	FATCA code(s) entered on this form (if and indication that I am a second					
Certifi	FATCA code(s) entered on this form (if any) indicating that I am exem	pt from FATCA reporting	is correct.			
you he	cation instructions. You must cross out item 2 above if you have been not failed to report all interest and dividends on your tax return. For real estimator or shandarment of secured property, consoliding of debt.	otified by the IRS that you	are currently subje	ct to backup withholding because		
	han interest and dividends, you are not required to sign the certification, t	sut you must provide your	correct TINL See th	e instructions for Part II, inter.		
Sign			1			
Here	U.S. person > Sharin R Dung	D.	sta > 11/1/	2020		
Ger	neral Instructions	e Form 1000 DB/ (
		funds)	oerids, merdeing (n	tose from stocks or mutual		
sectio oted.	n references are to the Internal Revenue Code unless otherwise	• Form 1099-MISC (v.	artous types of Inco	ome, prizes, awards, or gross		
	developments. For the latest information about developments	proceeds)		prevs, awards, or gross		
BERG	TO FORTH W-9 and its instructions, such as legislation enacted	• Form 1099-B (stock	or mutual fund sal	es and certain other		
ulter ti	ney were published, go to www.irs.gov/FormW9.	transactions by broke	rs)			
Lin	ose of Form	Form 1099-S (proceeds from real estate transactions)				
_		• Form 1099-K (merch	nant card and third	party network transactions)		
пот	vidual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer	 Form 1098 (home mortgage interest), 1098-E (student loan interest) 				
Jentin	Catton number (TIN) which may be your social security ourselve	ruse- (rumon)				
55N),	individual taxpayer identification number (TITA): adoption	• Form 1999-C (canceled debt)				
ΞIN), ξ	er identification number (ATIN), or employer identification number o report on an information return the amount paid to you, or other	• Form 1099-A (acquisition or abandonment of secured property)				
moun	t reportable on an information return. Examples of information	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.				
	include, but are not limited to, the following.	If you do not return	Form W-9 to the m	quester with a TIN, you might		
CONTR	1099-INT (Interest earned or paid)	be subject to beckup a later.	withholding. See W	hat is backup withholding,		

Christmas in Our Town

- Dec 3, 2022 at 6pm
- Parade will be starting at Buffalo Rd and coming up through town to Rice St
- Float Line up 5:15 -5:30 at the covered bridge lot
- Students can arrive at 5:45- No parking will be permitted in this area please plan to park in town and walk your child down
- Conaway St (near community building) will be the designated drop off spot for students during the parade, students will need to quickly unload so the flow of the parade can continue
- Parents can park on Conaway or Manley St to have quick access to the students as they unload- you must wait until the end of the parade before leaving this area
- Security officers will be at this drop off spot
- If Teachers are not participating in the parade with their students please let parents know they must walk with their child



CERTIFICATE OF LIABILITY INSURANCE

09/14/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER John Adams PHONE (A/C, No. Ext): E-MAIL II DSP Insurance Services, Inc. 1-800-316-6705 847-934-6186 lionsclubs@dspins.com 1900 E. Golf Road, Suite 650 ADDRESS: Schaumburg, IL 60173 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: ACE American Insurance Company 22667 INSURED INSURER B: INSURER C: Barrackville Lions Club Barrackville, West Virginia INSURER D : INSURER E : INSURER F COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS ADDL SUBR **TYPE OF INSURANCE** POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) **POLICY NUMBER GENERAL LIABILITY** s 1,000,000 **EACH OCCURRENCE** COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ea occurrence) s 1,000,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) s 5,000 HDO G47352241 09/01/2022 09/01/2023 Agg. Per Named Insured s 1,000,000 PERSONAL & ADV INJURY is \$2,000,000 GENERAL AGGREGATE s 10,000,000 GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG s 2,000,000 X POLICY PRO-AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) 1,000,000 ANY AUTO BODILY INJURY (Per person) ALL OWNED SCHEDULED AUTOS ISA H10761220 09/01/2022 09/01/2023 **BODILY INJURY (Per accident)** S NON-OWNED AUTOS **HIRED AUTOS** PROPERTY DAMAGE (Per accident) S \$ **UMBRELLA LIAB** OCCUR **EACH OCCURRENCE EXCESS LIAB** CLAIMS-MADE AGGREGATE s DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WC STATU-TORY LIMITS OTH ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? OFFICER/MEMBER (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Provisions of the policy apply to the named insured's participation in the following activity during the policy period shown above: 2022 Christmas Parade PROVISIONS OF THE POLICY DO NOT APPLY TO THE SALE OR SERVING OF ALCOHOLIC BEVERAGES. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. West Virginia State Fire Marshall 1207 Quarrier F12 Charleston, West Virginia AUTHORIZED REPRESENTATIVE

To be placed on the agenda fee board

Marion County Board of Education

19-2265

(please submit one field trip form per bus needed)

Please follow the instructions in the Administrative Manual Section 2.115. All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to the county office for approval.

NMHS	11/29/22	whatytaylor	No	3
School	Date Submitted	Sponsor	11 pull Darrensub!	Needed
Group	12/27 +12/28/22 - Bete of Trip	Chaperone(s	Hown parentsub! Sub!	Veeded
15		L 54.1	,, 545	100000
Total Number to be Transpo	rted Keyser His	tination		
Purpose of activity Key	er Freshmu Tensuare	it	<u> </u>	
Number of School Days Lost	Approximate Cost	* 700 ° Source	of Funding Bosters	
	Transportatio	n Information		
Time bus to be loaded 8:3	12/27	Approximate time to	return <u>/0:30</u>	∠8 am/ ⊘ m
Type of Transportation	Private Auto Commercial Carrie Marion County Sch	r List carrier ool Bus # Drive	r	
Is School to pay driver? Approved (granted/denied) Approved (granted/denied) Approved (granted/denied)	Principal No Central Office Transportation	1. DUST 12:2000	Date // 30/ 77 Date // 2/1/202 Date	
	Driver's Tr	ip Report		~
Bus# Bus Capacity Total Number Transported				
Destination	Date of Trip	D	Day of Week	
Times: Pre-trip Bus Available to lo Depart on trip Bus return from tri Completion of bus	am/pr pam/pr	n n		
Sponsor/Chaperon (signature v	erifies loading, departure and retu	urn times)	Driver's Signature	
Name of substitute co	vering run	Mileage	Fuel	

North Marion Freshman Boys Basketball Trip Itinerary Keyser Holiday Tournament

Keyser, WV

December 27, 2022

9:00am - Team departs for Keyser High School.

11:00am - Arrive at Keyser High School.

12:30pm - Game vs. Frankfort.

2:00pm – Check in at SureStay Plus Hotel by Best Western (70 N. Tornado Way Keyser, WV 26726)

5:00pm - Team Dinner.

December 28, 2022

8:00am - Team Breakfast.

9:30am - Checkout of Hotel.

10:00am - Arrive at Keyser High School.

11:00am - Game vs. Keyser.

12:30pm - Depart from Keyser High School to Marion County.

To be sloved on the agenda for board

Marion County Board of Education

(please submit one field trip form per bus needed)

19-2264

Please follow the instructions in the Administrative Manual Section 2.115. All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to the county office for approval.

| Market | No | School | Date Submitted | Sponsor | Sub Nooded | Sponsor |

		Harbert	No.	
School	Date Submitted	Sponsor	Students riding	Sub Needed
Boys Baskethall	Date Submitted 12/16/22 + 12/11/22 Date of Trip	Murdul Balance Sh	uch No	parent.
Group	Date of Trip	Chaperon	ne(s)	Sub Needed
25	rted Chapusville	Regional		
Total Number to be Transpo				
Purpose of activity Chaputal	ville Holiday Tournaut			· · · · · · · · · · · · · · · · · · ·
Number of School Days Lost	O Approximate Co	ADO . Sour	ce of Funding	poster
	Transportation	Information		
Time bus to be loaded 1:00	am/pm)	Approximate time	to return <u>§ 7:0</u>	am@m
Type of Transportation	Private Auto Commercial Carrier Marion County School	List carrier of Bus # Dr	iver	
Is School to pay driver?	Yes No	11/		
Approved (granted/denied) Approved (granted/senied) Approved (granted/denied)	Principal Sish 7 Central Office Transportation	2/2	Date /// Date /// Date	122
	Driver's Trip	Report		<u></u>
Bus#Bus C	apacity	Total Number Tra	nsported	
Destination	Date of Trip		Day of Week	
Times: Pre-trip Bus Available to I Depart on trip Bus return from tr Completion of bus	am/pm oad studentsam/pm am/pm ip am/pm	Office use only		
Sponsor/Chaperon (signature	verifies loading, departure and return	n times)	Driver's Signatu	ure
Name of substitute co	vering run	Mileage	Fuel	· · · · · · · · · · · · · · · · · · ·

North Marion Varsity Boys Basketball Trip Itinerary

Chapmanville Holiday Tournament

Chapmanville, WV

Friday December 16, 2021

1:00pm - Team departs for Chapmanville Regional.

4:00pm - Arrive in Chapmanville, WV.

5:30/7:00pm - JV/Varsity Games.

8:30pm - Depart from Chapmanville Regional for Team Dinner.

10:00pm - Arrive at Chief Logan Hotel and Conference Center in Logan, WV (1000 Conference Center Dr, Logan, WV 25601).

Saturday December 17, 2021

8:00am - Team Breakfast.

Unsure what time our games are for Day two. They will depend on the results of Day 1. Team will have breakfast, a walkthrough at Willie Akers Arena or Scott High School.

Marion County Board of Education (please submit one field trip form per bus needed)

Please follow the instructions in the Administrative Manual Section 2.115. All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to the county office for approval.

NMHS	11/29/22	David Tennant	Yes	
School	Date Submitted	Rocky Elliot	Sub N	eeded
Group Team	12/2-3/22 Date of Trip	Jeff Hess Chaperone	No -	node d
20	Hedgerille	The state of the s	studies ridaisw	eeded Whow
Total Number to be Transported	Desti	nation		paren
Purpose of activity Hadges	rille Deal Tourn	ament		
Number of School Days Lost	Approximate Cost	\$60.80 Source of	f Funding Booste	(b)
	(12/2) Transportation	Information		
Time bus to be loaded	(12/2) ·	Approximate time to	eturn 8:00 (12.1	3) _ am/pm
Type of Transportation	Private Auto Commercial Carrier Marion County School	List carrier ol Bus # Driver		
Is School to pay driver?	Yes No	1		
Approved (granted/denied) Ce	ncipal Intral Office Insportation	all for	Date 11/30/72 Date 11/20	22
	Driver's Tri	p Report		
Bus # Bus Capac	sity	Total Number Transp	orted	
Destination	Date of Trip		_ Day of Week	
Times: Pre-trip Bus Available to load a Depart on trip Bus return from trip Completion of bus clea	am/pm am/pm	Onice ase only		
Sponsor/Chaperon (signature verifie	s loading, departure and return	n times)	Driver's Signature	
Name of substitute covering ds/2011	ng run	Mileage	Fuel	· · · · · · · · · · · · · · · · · · ·

North Marion Wrotling Trip Hinorary

Hedgesville Dual Tournament - Dec.2 - 3, 2022

Friday December 2, 2022

7:30 am: Depart NMHS via parent and coaches cars en route to Hedgesville High School.

10:30 am: Arrive at HHS for weigh-in at 11:00. Immediately following, we will eat a prepared pre-match

meal. (Boosters will be paying for all meals from this point on). Make sure you are on weight when we get to the school. If anyone is over, the whole team will have to wait to eat lunch.

These times are not exact, but should be

3:00 pm: 1st Round match vs.

4:30 pm: 2nd Round vs. 6:00 pm: Break - supper

6:00 pm: Break - supper 3rd Round vs. 4th Round vs.

9:30 pm: 5th Round vs.

Late Evening: After our last match is wrestled, we will depart HHS to check in at:

Quality Inn Spring Mills - Martinsburg North

304-820-0761

1220 T J Jackson Dr. Falling Waters, WV 25419

After checking in, shower and get ready to eat supper at the hotel.

Later Evening: Depending on when we finish eating, we will check our weight and work out as

necessary.

10:45 pm: Team meeting in coach's room.

11:00 pm: Lights out. Remember wrestlers, we are there for a reason. You need a good night of sleep in

order to be at your best. I want you to enjoy yourself, but most importantly, I want you to act responsibly. Any misconduct on your part will result in losing the privilege of traveling with the team in the future; this includes the regional and state tournaments. Same goes for Mat Maids. We

could take as many as 10-12 mat maids.

Saturday December 3, 2022

6:00 am: Wake up call.

6:30 am: Depart hotel for weigh-ins. I will need a few parents to volunteer to help drive the wrestlers to the

high school. With so many making this trip, the van will not be enough.

7:00 am: Weigh-in. We will eat break fast at the high school.

9:00am: 6th Round vs. 10:30 am: 7th Round vs. 12:00 pm: 8th Round vs.

1:30 pm: Break - We will have prepared lunches available

2:30 pm: 9th Round vs. **4:00 pm:** 10th Round vs.

Supper: We may stop somewhere fast on the way back.

9:00-9:30 pm: Arrive back at NMHS. Wrestlers/Mat Maids will call parents for a more precise arrival time.

Marion County Board of Education Field Trip Request Form

All field to dis reducing Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be submitted at least two weeks prior to the regular Board Meeting.

19-226

esstant west and to to the trip. All completed copies are to be submitted to the principal who will sight and forward to county office for second, a Purpose of activity Perform on Cruise and in Buliamas Approximate Cost TBA Source of Funding Busters **Transportation Information** Approximate time to return 13/4 am/pm Type of Transportation _____ Commercial Carrier List Carrier _____ Marion County School Bus Number _____ Driver Is School to pay driver? ____ Yes Approval (granted denied) Principal 🚅 Approval (granted / denied) County Office Approval (granted / denied) Transportation _ Date __ country -**Driver's Trip Report** Bus Number _____ Bus Capacity _____ Total Number Transported _____ Date of Trip _____ Day of Week _____ Destination _ Times: □ Day One □ Day Two Pre-Trip _____ am / pm _____ am / pm Bus available to load _____ am / pm _____ am / pm Departure Time _____ am / pm _____ am / pm **Return Time** ____ am / pm _____ am / pm ____ am / pm Completion of bus cleanup ____ am / pm Sponsor/Chaperone (Verify all times) **Driver Signature** Mileage **Fuel**

Yellow - Transportation Office

Pink - Driver

Gold - Driver

tb/2017

White - Accounting

Marion County Board of Education Field Trip Request Form

19-2266

4) field that requiring Spand approval must be submitted at least two weeks prior to the regular Board Meeting. 4) other requests must be in at east one week oriento the trip. All completed copies are to be submitted to the principal who will sight and forward to county office for account Please submittine felotric form per bus needed. Canavera in the Ballamas Purpose of activity Perform Approximate Cost TBA Source of Funding **Transportation Information** Approximate time to return ______ am / pm Time bus to be loaded _______ Am / pm Type of Transportation Private Auto Commercial Carrier List Carrier TBA Number _____ Driver _____ Marion County School Bus Is School to pay driver? Yes No Approval (granted / denied) Principal 1 Approval (granted / denied) **County Office** Date Approval (granted / denied) Transportation Date ___ **Driver's Trip Report** Bus Number _____ Bus Capacity _____ Total Number Transported _____ Date of Trip _____ Day of Week ______ Destination □ Day Two Times: □ Day One Pre-Trip ____ am / pm _____ am / pm ____ am / pm Bus available to load _____ am / pm Departure Time ___ am / pm ____ am / pm ____ am / pm _____ am / pm **Return Time** Completion of bus cleanup ___ am / pm ___ am / pm Sponsor/Chaperone (Verify all times) **Driver Signature** Mileage Fuel

Marion County Board of Education Field Trip Request Form

All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests = 150.54 meeting.

19-2266

east one week or onto the trip. All completed cooles are to be submitted to the principal who will sight and forward to county office for accounts East Failment High Purpose of activity Pectures on cruise and in Ballamas O Approximate Cost TBH **Transportation Information** Approximate time to return 767 am / pm Type of Transportation Commercial Carrier List Carrier TBA Marion County School Bus Is School to pay driver? ____ Yes Principal 👱 Approval denied denied Approval (granted / denied) County Office Approval (granted / denied) Transportation ___ Date __ water - please place **Driver's Trip Report** Bus Number _____ Bus Capacity _____ Total Number Transported Date of Trip _____ Day of Week _____ Destination __ Times: □ Day One □ Day Two Pre-Trip ____ am / pm _____ am / pm Bus available to load ____ am / pm _____ am / pm Departure Time _____ am / pm _____ am / pm **Return Time** _____ am / pm _____ am / pm ____ am / pm ____ am / pm Completion of bus cleanup Sponsor/Chaperone (Verify all times) **Driver Signature** Mileage Fuel

Yellow - Transportation Office

Pink - Driver

Gold - Driver

tb/2017

White - Accounting